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CAPE OF GOOD HOPE.
Report of the Select
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1889

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CAPE OF GOOD HOPE.

REPORT

OF THE

SELECT COMMITTEE

ON THE

Spread of Leprosy.

Printed by Order of the Legislative Council.

JULY, 1889.

CAPE TOWN:

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CONTENTS.

	Page.
Order appointing Committee	v
Report	vii
Proceedings of Committee	xiii
Evidence :—	
Dr. H. C. Wright	1
„ Simons	8
„ Dixon	17
„ Beck	19
„ Cox	27
„ W. H. Ross	29
„ Atherstone	42
Appendix :—	
A.—Letter to Dr. H. C. Wright, asking for further evidence as to Robben Island Asylum	i
B.—Dr. H. C. Wright's reply to ditto	ii
C.—Letter to Dr. Wynne as to management of Leper Wards at Robben Island	iv
D.—Dr. Wynne's reply to ditto	v
E.—Letter to Colonial Secretary as to Leprosy in neighbouring States	viii
F. Under Colonial Secretary's Letter covering information required	viii
G. Ditto Ditto	xi
H. Return of Lepers admitted into Robben Island Institution during the last ten years	xi
I. Return of Lepers admitted into Old Somerset Hospital during the last half-year	xii
J. Letter from Rev. Canon Baker	xiii
K. Letter from Rev. A. R. M. Wilshere	xvii
L. Circular forwarded to District Surgeons	xviii
M. 1, 2, 3, Summary of Replies to ditto	xix
N. Return of Lepers at present on Robben Island	xxvi

Appendix, *continued*:—

O. Summary of Returns from Districts where Leprosy is known to exist	... xxv
P. Letter from Dr. Abercromby, Cape Town	xxix
Q. Letter from Dr. Landsberg, Cape Town	xxix
R. Letter from Dr. Murray, Claremont	... xxix
S. Report of Proceedings of a Meeting of the Epidemiological Society of London	... xxxi
T. Letter from Dr. G. H. B. Fisk	... xxxi
U. Telegram from District Surgeon, Peddie	xxxii

ORDER APPOINTING COMMITTEE.

25th June, 1889.

Resolved,—That a Select Committee be appointed to enquire into the Spread of Leprosy in the Colony, and to devise means to check such spread, with power to take Evidence and call for Papers ;—the Committee to consist of the PRESIDENT, Dr. ATHERSTONE, and Messrs. NEETHLING, WILMOT, DE VILLIERS, VAN DEN HEEVER, and HOFMEYR (the Mover).

REPORT

OF THE

SELECT COMMITTEE appointed by the **LEGISLATIVE COUNCIL** on the 25th June, 1889, to enquire into the spread of Leprosy in the Colony, and to devise means to check such spread, with power to take evidence and call for papers;—The Committee consisting of the **PRESIDENT**, **Dr. ATHERSTONE**, **MESSRS. NEETHLING**, **WILMOT**, **DE VILLIERS**, **VAN DEN HEEVER**, and **HOFMEYR** (mover).

Your Committee having carefully considered the matters referred to them beg to report as follows:—

1. Immediately upon their appointment they directed circulars to be issued to the different District Surgeons of the Colony, inquiring—

- (a) As to the number of persons in each district suffering from leprosy.
- (b) Whether the disease is increasing or not in the district.
- (c) Whether the disease appears to be communicated by contagion.

A summary of the answers is annexed to this report.

2. Your Committee also, through the Honourable Colonial Secretary, inquired from the Governments of Natal, British Bechuanaland, Basutoland, the Orange Free State, and the South African Republic, as to the spread of leprosy in those States, and the means adopted to check it. From the answers sent to these inquiries, which are also annexed, it will appear that the Governments of the above States and Colonies are fully alive to the dangers to be apprehended from the spread of leprosy, and that those which have not yet passed stringent measures to prevent its further spread, intend to introduce such legislation.

3. Accompanied by four experienced medical practitioners, your Committee made a personal inspection of the Leper Asylum on Robben Island. The evidence of these gentlemen and of other witnesses examined before your Committee is annexed, together with some important documentary evidence bearing on the subject of their inquiry.

4. The result of the inquiry has been in the first place, to establish the fact that leprosy is on the increase in the Colony. Many of the District Surgeons say that in their particular districts there is no such increase, and others again are unable to express any opinion upon the question, but in the more populous districts of the Colony, such as the Cape and the Paarl, and even in some of the outlying and less populous districts, such as Alexandria and Stockenström, the District Surgeons report a marked increase in the number of cases. It should be borne in mind that the victims of this loathsome disease naturally endeavour to conceal it from others as much and as long as possible, and that many more cases are sure to exist than have come under the notice of the medical men whose answers have been received, or whose evidence has been taken. Your Committee estimate the number of lepers in the Colony to be upwards of 600.

5. Another result of the enquiry has been to remove any doubt that might previously have existed as to the contagiousness of the disease. The germs of the disease often remain dormant in the system for years, and it therefore becomes difficult, in most instances, to trace the source of the contagion, but your Committee are satisfied that where the disease has not been derived by heredity from one of the parents or grandparents, it has in every instance been contracted by means of contagion. It is quite possible that the disease may not be communicable except to a person having some wound or abrasion in the skin, but when it is borne in mind that the victims often suffer from a discharge of matter from the hands or other limbs, it is not difficult to conceive how readily the disease may be communicated to persons coming in contact directly or indirectly with the sufferers.

6. Upon the question whether the disease is curable or not, the evidence is not conclusive, because no systematic attempts have ever been made in this Colony to discover a remedy or to apply with care and regularity remedies which are supposed to have proved efficacious in other countries. Such evidence, however, as has been forthcoming certainly tends to support the view that the disease is incurable. The duration of life, after the disease has been contracted, varies with the constitution or the mode of life of the patients, but sooner or later it seems to prove fatal. In the anæsthetic form of the disease there is not much actual physical pain, but in that as well as in the tubercular form, the patient undergoes a gradual physical and often moral decay which renders him an object peculiarly deserving of the compassionate care of the State.

7. Besides the duty which the State owes to the unfortunate lepers themselves, it owes a duty to the rest of the community, who are entitled to ask that they should not be exposed to the risk of contagion through the ignorance and recklessness of the persons affected by the disease. This duty was recognized by the Government of this Colony from the time when this disease was first discovered here, more than a century and a half ago, and the stringent regulations of the Dutch law relating to the isolation of lepers were put into force. These regulations seem to have been relaxed after the British occupation, but in the year 1817, the institution at Hemel en Aarde was set apart by order of Governor Lord Charles Somerset for the reception of leprous persons. It does not, however, appear that there was complete segregation, because the lepers were allowed to visit their friends and relatives, and no effective supervision existed over the institution. In 1846 that institution was relinquished, and from that time lepers who were willing to go, were sent to Robben Island, but there also complete segregation has never been practised. Patients have from time to time been allowed to visit their friends on the mainland, and they are themselves visited every week by friends from the mainland. Not only are they so visited, but, according to Dr. Ross, the Surgeon

Superintendent of Robben Island, they are frequently supplied with brandy which is smuggled on to the island and they have opportunities, of which some seem to avail themselves, of sexual intercourse with these visitors. It is only fair to add that this latter statement is not admitted by Dr. Wynne, the medical officer immediately in charge of the lepers. The female wards were enclosed with a high wall and were in a pretty fair condition; but as to the wards occupied by the male patients, your Committee, after a personal inspection, can only describe most of them as being in a disgraceful condition. Through want of means it may have been necessary to have floors of porous soil, ill-ventilated rooms and want of cubic space but there is no excuse for the filthy state in which your Committee found some of these wards, and for the neglect of all sanitary precautions, both inside and outside these buildings. Your Committee did not deem it part of their duty to inquire whether the responsibility for this state of things rests with the Medical Board, or with Dr. Ross, or with Dr. Wynne, but they do think that the institution as conducted affords an admirable illustration of what ought to be avoided in the management of similar establishments. In one of the wards the medical gentlemen who accompanied your Committee found a white boy whom they pronounced to be quite free from leprosy. It is clear that an institution conducted in such a manner is worse than useless as a protection to the unafflicted portion of the community.

8. To effectually protect the community your Committee are of opinion that complete segregation under responsible and effective supervision, and with every possible safeguard against abuse, affords the only remedy. This might appear a harsh measure, but its necessity becomes obvious when it is found that lepers are now allowed freely to ply trades which bring them into daily and immediate contact with the public, and even to make and knead butter intended for sale to the public. The disease is not yet so universal that it may not be effectually coped with, but every year's delay will make the task a more difficult one. With our diversified population, including races of the lowest type,

many of whom do not appreciate the dangers arising from contagion, and have not the most elementary notions of cleanliness, the disease may be expected to spread more rapidly than in countries with homogeneous populations of a higher type and of more cleanly habits. In our opinion, separate asylums ought to be provided for male and female lepers. Careful regulations will have to be made to prevent the possibility of persons not actually diseased from being sent to such asylums. As to persons in a comfortable position of life, they might be allowed to go to private asylums, but such asylums should be under strict supervision so as to prevent danger to persons not affected, and the expenses of such supervision should be paid by the inmates. It would be impossible during the present session of Parliament to pass an Act embodying all the provisions necessary for carrying out our recommendations, but your Committee are of opinion that the Act No. 8 of 1884, with the aid of such regulations as the Governor is authorised by the 6th section of the Act to make, would for the present suffice. Unfortunately that Act has not been promulgated. Your Committee would strongly recommend that the Act be promulgated and the necessary regulations be framed without delay.

9. Your Committee have inspected the buildings used as a Lunatic Asylum at Robben Island, and are of opinion that upon the removal of the Asylum to the mainland, these buildings would be eminently suited for such a Leper Asylum or Hospital, as is contemplated by Act No. 8 of 1884. Many of these wards would be suitable for paying patients, but there is nothing in the Act to prevent the establishment of a private asylum on the mainland, to which patients willing and able to pay the expenses of its maintenance could be sent. Great care will be required in framing regulations for the management of such asylums, and still greater care will be necessary in the carrying out of such regulations. Without careful, responsible, and efficient supervision, Leper Asylums would become breeding beds of the disease instead of providing securities against its spread.

10. The conclusions, then, at which your Committee have arrived are briefly as follows:—

1. That leprosy is on the increase in this Colony.
2. That the disease will continue to increase unless effectual measures are adopted to check it, and if possible to stamp it out.
3. That the most effectual measure would be complete segregation of those likely to impart the disease to others, and that for that purpose Act No. 8 of 1884 ought at once to be promulgated and proper regulations framed for carrying out its provisions.
4. That upon the removal of the Lunatic Asylum from Robben Island to the mainland, the buildings on the Island hitherto occupied by the lunatics should be utilized as a Leper Asylum or Hospital under the Act, but that should patients be found willing to pay all the expenses of maintaining separate asylums on the mainland, such additional asylums ought to be established.
5. That no Leper Hospital or Asylum would serve the purposes for which it is intended unless the most careful regulations be made for its management, and unless the greatest caution be exercised in the carrying out of such regulations, and in the appointment of persons charged with that duty.

J. H. DE VILLIERS,

Chairman.

Committee Rooms,
Legislative Council,
18th July, 1889.

PROCEEDINGS OF COMMITTEE.

SELECT COMMITTEE on the Spread of Leprosy in the Colony.

Thursday, 27th June, 1889.

PRESENT :

The President,	|	Dr. Atherstone,
Mr. De Villiers,	|	Mr. Neethling,
„ Van den Heever,	|	„ Hofmeyr (Mover).
„ Wilmot,	|	

1. Resolved,—That the President be Chairman of the Committee.
2. Order of the Council of the 25th instant, appointing Committee read.
3. The Clerk laid before the Committee :
 Reports of District Surgeons on Public Health [G. 4—'89.]
 Supplement to Ditto (Circulars) [G. 4A—'89.]
 Report of Select Committee, House of Assembly, on Spread of Leprosy [A. 23—'83.]
4. Resolved,—To send the following Circular to the District Surgeons. (*Vide Appendix*).
5. Resolved,—To visit the Leper Institution at Robben Island at a later stage of the enquiry.
6. Resolved,—To take the evidence of Dr. Simons and Dr. Beck at the next meeting.
7. Dr. H. C. Wright, District Surgeon of Wynberg, examined.
8. Resolved,—To communicate with the witnesses examined in 1883, requesting them to state whether they desire to add anything to the evidence given by them in 1883, and to state whether in their opinion the disease is spreading.

9. Resolved,—That the Clerk frame a tabulated statement of the number of cases admitted at Robben Island during the last ten years.

10. Resolved,—To ascertain from the neighbouring States and Colonies to what extent the disease is prevalent in those States.

11. Adjourned until Thursday, the 4th July, at 10.30 a.m.

Wednesday, 3rd July, 1889.

PRESENT :

Sir J. H. DE VILLIERS (Chairman),

Mr. Neethling,
,, Hofmeyr,
,, Wilmot,

Dr. Atherstone,
Mr. Van den Heever,
,, De Villiers.

The Committee, accompanied by Dr. H. C. Wright, Dr. Beck, Dr. Dixon, and Dr. Simons, proceeded to inspect the Leper Asylum, Robben Island.

Thursday, 4th July, 1889.

PRESENT :

Sir J. H. DE VILLIERS (Chairman),

Mr. Neethling,
Dr. Atherstone,
Mr. Hofmeyr,

Mr. van den Heever,
,, Wilmot.
,, De Villiers.

1. Minutes confirmed.

2 The Chairman reported that the Committee had visited the Leper Institution at Robben Island on the previous day.

3. The Clerk of the Council handed in replies to Committee's Circular.

4. Also letters from Dr. Murray and Dr. Parsons as to further evidence.

5. Also a return from Dr. Fisk, Acting Surgeon Super-

intendent, Robben Island, shewing number of cases admitted during the last ten years.

6. And a letter from the Under Colonial Secretary, forwarding replies from Natal, British Bechuanaland, the Orange Free State, and the South African Republic, as to the spread of Leprosy.

7. And original plan of Government buildings on Robben Island.

8. Dr. Simons, District Surgeon of Malmesbury, examined.

9. Dr. Dixon, Acting Superintendent of Lunatic Asylum, Graham's Town, examined.

10. Dr. Beck examined.

11. Resolved,—To examine Drs. Ross, Landsberg and Dr. Cox.

12. Adjourned until Tuesday, 9th inst., at 11 a.m.

Tuesday, 9th July, 1889.

PRESENT :

Sir J. H. DE VILLIERS (Chairman),	
Mr. Neethling,	Dr. Atherstone,
„ Hofmeyr,	Mr. Van den Heever,
„ Wilmot,	„ De Villiers.

1. Minutes confirmed.

2. Dr. Cox examined.

3. Dr. W. H. Ross examined.

4. Resolved,—That certain questions be put to Dr. Wynne with reference to the management of the Leper Wards.

5. The Clerk read a letter from the Under Colonial Secretary, forwarding telegram from the Resident Commissioner of Basutoland.

6. Also letter from Dr. Wright giving further evidence, and from Canon Baker, and the Rev. A. R. M. Wilshere.

7. The Clerk handed in replies from several District Surgeons.

8. Adjourned until Tuesday, the 16th instant, at 10 a.m.

Tuesday, 16th July, 1889.

PRESENT :

Sir J. H. DE VILLIERS (Chairman),

Mr. Hofmeyr,

„ Wilmot,

Dr. Atherstone,

Mr. Neethling,

„ Van den Heevern

„ De Villiers.

1. The Clerk handed in a return of patients admitted into the Old Somerset Hospital.
2. Also further replies from District Surgeons.
3. The Chairman put in the *Times* of 13th June, containing a Report of Epidemiological Society of London.
4. The Chairman submitted draft Report.
5. Committee in deliberation.
6. Adjourned until Thursday, the 18th inst., at 11 a.m.

Thursday, 18th July, 1889.

PRESENT :

Sir J. H. DE VILLIERS (Chairman),

Dr. Atherstone,

Mr. Hofmeyr,

„ Wilmot,

Mr. Neethling,

„ De Villiers.

1. Minutes read.
2. Letter read from Dr. Wynne as to leper wards Robben Island.
3. Return of patients at Robben Island on 5th July laid before the Committee.
4. The Honourable Dr. Atherstone examined.
5. Committee in deliberation.
6. Report adopted and resolved that it be presented this day.

MINUTES OF EVIDENCE.

COMMITTEE ON THE SPREAD OF LEPROSY.

Thursday, 27th June, 1889.

PRESENT :

Sir J. H. de Villiers (Chairman),

Mr. De Villiers,
„ Van den Heever,
„ Wilmot,

Dr. Atherstone,
Mr. Neethling,
„ Hofmeyr.

Dr. H. C. Wright examined.

1. *Chairman.*] Your name is Henry Claude Wright? *Dr. H. C.*

—Yes. *Wright.*

June 27, 1889

2. You are the District Surgeon at Wynberg?—I am.

3. As such have any cases of leprosy been brought to your notice?—I have frequently come in contact with cases of leprosy.

4. Both in your capacity as District Surgeon and in your private practice?—Yes.

5. Will you state roughly the number of cases in your district?—About twenty; but it is impossible to state exactly. A great number of cases are concealed. I have not the slightest doubt that there are more cases than have come under my notice. There are, for instance, some cases I suspect to exist, because I am aware that leprosy is in the family, and lately some of these people have disappeared, they are never seen, and I believe are hidden away.

6. You know of twenty undoubted cases?—Yes, about that number.

*Dr. H. C.
Wright.*

June 27, 1889

7. Are they Natives or Europeans?—Both—that is white people of European descent but born here, and natives.

8. Do you know of any cases of persons not born in the Colony suffering from the disease?—I know of none in my district.

9. Can you state the proportion of persons of European descent to Natives?—About twenty per cent. are white.

10. Are there more males than females?—There are more males.

11. Is that generally the case?—I think so.

12. How long have you been District Surgeon?—About eight years.

13. Do you find from your experience during the period that leprosy is on the increase?—I see more cases now than I used to a few years ago. There are more cases among the younger people. I decidedly think it is on the increase.

14. Do you think it is communicated by contagion?—I have no doubt of it. I am not only convinced of it from my own observation, but I think recorded cases show that it is contagious.

15. From your own experience you say you have no doubt that leprosy is contagious?—I have no doubt whatever; I have had experience of cases I could mention which seem to establish this conclusively.

16. Will you state the circumstances, of course without mentioning names, which led you to this conclusion?—I will mention a case. There was a cottage in which a widow lived with her daughter. The daughter was a leper—it was a bad case of leprosy. The mother showed no symptoms of the disease. The mother married a widower who had a son by his first wife. The whole party then lived together in the cottage. After some time not only the mother but the second husband and the stepson were attacked with leprosy. Both of these people were well known to me before the marriage, and there was not the slightest sign of leprosy in either of them. I will mention another case. A little Hottentot girl, one of those waifs and strays we sometimes find without a home, was taken for shelter and protection to the Wyn-

berg gaol. She ran away. She was lost for several months. At last it was discovered that she had been residing all this time in the cottage to which I have just alluded. She was brought back. When she escaped she had no sign of leprosy about her. After her residence in this cottage the disease began to make its appearance. It made rapid progress, and she is now in a leper's ward at Robben Island. A child of only about 14 or 15 years of age.

*Dr H. C.
Wright.*

June 27, 1889

17. Do you know her family history?—I know nothing more of her than I have stated, but it is a very extraordinary coincidence.

18. Did the husband in the case you spoke of take the disease from the mother?—The original patient was the daughter. The step father was the next to be attacked. Then the step son, and last of all the mother of the girl. The girl and her mother died.

19. Are there any other instances that have come under your own observation which satisfy you that leprosy is contagious?—I do not remember any other.

20. I see from the Reports of the District Surgeons [G. 4—'89], that one of the Medical men quotes Aitken as describing leprosy as "a non-contagious disease," do you differ from the conclusions he arrives at?—Most of these writers have lived in countries where there is no leprosy, and have had no real opportunity of judging. I believe that many of them after some experience are inclined to express a very different opinion. It is but lately that a case was described in the Journals of the British Medical Society—the Irish Branch. It was reported within the last half year. A man who had lived forty years in India contracted leprosy; he was brought back to Ireland where he died. During his last days his brother lived with him in the same house, never left him, and wore some of his clothes. He contracted the disease and now is to be sent to Norway. He is the only leper known to exist in the British Isles.

21. Have you seen the Report of the Committee of the Royal College of Physicians dated July 15, 1887? There the Committee state that they "are of opinion that if there be any elements of contagion in leprosy, they are not

Dr. H. C.
Wright.

June 27, 1889

more to be dreaded than are those in the case of syphilis which is not commonly considered to justify segregation on the part of those affected, and they believe that leprosy is not contagious in the conventional sense of the term but, if at all, is only so in a low degree, and under exceptional circumstances." Do you agree with that?—No, not altogether. Syphilis is a disease you can cure or at least alleviate. But leprosy is a disease for which as yet we have found no cure. Often I think the one disease is mistaken for the other. Leprosy is also hereditary and unhappily lepers are very prolific. I know of a case at Claremont where a leper woman has four children, the eldest only four years of age.

22. Do you know whether lepers in your district are engaged in trades which bring them into contact with the public?—Yes, as green grocers, sweet-makers, candle-makers, fishmongers and wood-cutters. I know a house where the business of a green grocer is carried on. There are two lepers residing there, and you will find the lepers at the vegetables, and the family occupying the same room.

23. *Mr. Wilmot.*] Is that not a danger to the community?—I think so. I have also seen lepers making butter for sale. In one small room there stood the pans of milk and there was a woman with leprosy kneading the butter with her hands. We all know that there is scarcely any substance that carries contagion so surely as milk.

24. You fully believe that it is contagious?—Decidedly. I would refer to the well known case of Father Damien. There can be no doubt he contracted leprosy in the Island.

25. *Chairman.*] Do you know of any other trades in which lepers are occupied to your own knowledge?—Fishmongers, curing fish, wood cart drivers, &c.

26. Suppose a leper in a case where the disease had reached the ulcerated stage were to handle coins, and those coins were to pass into the hands of some healthy person with a wound or cut on his fingers, would that communicate the disease?—I think it might. If there is anything in the microbe theory, I believe it probably would. I know that I should not like to operate on a leper if I had a sore on my hand.

27. Are there other ways in which these lepers come in

*Dr. H. C.
Wright.*

June 27, 1889

contact with others?—Yes, only the other day I saw a woman—a bad case of leprosy—run across the road and kiss a German farmer's child. It was most dangerous.

28. Do you know of any cases of leprosy at Kalk Bay?—There are a good many cases there.

29. Among those engaged in curing fish?—Mostly all the people there are engaged in curing fish.

30. Would a low diet, or a fish diet make persons more susceptible to contagion?—Of course, anything that tends to lower the system would render the subject more liable to take disease.

31. But do you think the fish diet these people are accustomed to has any effect in that way?—I think not. Bad hygienic surroundings are the cause in my opinion.

32. You do not think then, that the fish diet is the cause of there being more leprosy near the coast than inland?—I think it is due more to overcrowded dwellings in which the people live like pigs. I think that not the fish diet, but the decomposing fish around them is the more probable cause. Decomposing fish is more injurious than any other decaying matter.

33. Have you had any experience of the remedies tried for the cure of leprosy?—I do not know of any cure.

34. I have seen it stated on the authority of the Governor of the Andaman Islands, that cures have been effected by the use of gurjun oil. The lepers were convicts, and it was therefore possible to enforce four hours a day of rubbing the ointment all over their bodies, and the taking of small doses internally. Even in cases of long standing, after eight months, it was said, that the sufferers were able to run and to use a heavy pickaxe, and every symptom of leprosy had disappeared. Do you think that gurjun oil might prove to be a cure?—I have not seen it tried.

35. Would it not be worth trying?—It might be.

36. You are however of opinion that leprosy is incurable?—I do not think that we have found any specific for it. I think all authorities are agreed as to that.

37. You consider it essential for the health and welfare of the community that there should be a segregation of lepers?—I think so decidedly.

38. What would you suggest should be done to prevent

*Dr. H. C.
Wright.*

June 27, 1889

the spread of the disease?—The sexes should be kept separate as far as practicable. There should be no inter-marriage or cohabitation.

39. Would you have one institution for the whole Colony, or more than one?—I think more than one. I think a crowded institution should be avoided. It should be situated on high land far from cold marshy ground.

40. *Mr. Wilmot.*] Would Robben Island do?—It is not marshy. It is dry and healthy, and the patients could have a considerable amount of freedom.

41. Would that not be a suitable place for the whole Colony?—I think there should be an institution in the Eastern Province as well as in the Western. There is always the chance of contagion in moving the patients long distances. I know the mail steamers do not like to take them, and I fancy passengers by railway trains would also object.

42. *Chairman.*] I gather that you are of opinion that leprosy is on the increase?—Decidedly.

43. You cannot speak as to other districts?—Except from hearsay.

44. What is the prevailing opinion among the members of your profession as far as you are aware?—That it is on the increase. Not very rapidly it is true, but still markedly, and therefore I think the sooner it is taken in hand the better. It is manageable now. Your establishments, though rather large at first, if you take up the matter at once will become less and less as time goes on instead of greater and greater. The longer you leave the disease to spread the more difficult and the more expensive it will be to grapple with it.

45. What is your opinion as to the disease being inherited from parents? If the father is leprous will the child be ^{or}leprous?—Almost certainly.

46. Is it more hereditary than diseases like consumption?—Quite as hereditary.

47. Not more so?—I should not like to say so. I should not like to say that a person must necessarily become a leper who is the child of a leper.

48. Not even if the mother is a leper at the time of birth?—I should not like to give a decided opinion.

49. If both parents are leprosy?—The chances are of course still greater that the children will be lepers. *Dr. H. C. Wright.*

50. Are there any other matters you would like to bring to the notice of the Committee?—I would like attention to be drawn to the danger to the community in permitting these people to carry on such occupations as I have already alluded to in my evidence. June 27, 1889

51. *Mr. Wilmot.*] You think immediate action should be taken to prevent this?—Yes.

52. *Chairman.*] Do you believe there will be much difficulty in compulsorily removing these people?—Yes. There will be great difficulty. They will do what they can to conceal cases. They will steadily deny that any one in the house is affected by the disease. I have found the most undoubted and notorious cases denied. They have a great aversion to remove. Most of them are married, and in addition to the natural repugnance at parting from their wives, their sexual passions are particularly strong. In fact they become both mentally and physically a lower type.

53. *Dr. Atherstone.*] Have you been to Robben Island lately?—Not within the last three years.

54. Do you think a separation of the sexes might be effected there?—Possibly.

55. All convicts and lunatics would have to leave?—Decidedly.

56. Could you accompany the Committee if we pay a visit of inspection to the Island?—I shall be very glad to do so. I shall be better able to speak on the subject after the inspection.

57. *Mr. De Villiers.*] In the case of the widow and widower you spoke of, did the former contract the disease from her daughter?—Yes.

58. When she married was she not diseased?—There were no signs of disease at the time.

59. Did the husband contract the disease from her?—No, the new comers, the father and stepson, were the first affected.

60. Is it not the case, that when the disease is contracted, the poison often remains dormant for very long periods?—The period of incubation may be prolonged for many years.

*Dr. H. C.
Wright.*

June 27, 1889

61. The late Dr. Ebdon, in his evidence before the Assembly Committee, said that it might be ten years or longer?—I quite believe so.

62. You have said that you do not consider fish diet to be a predisposing cause of this disease?—I think the bad hygienic conditions do more to spread the disease. It is the surroundings, not the diet. They eat much fish, and the consequence is there is more decomposing fish lying about.

Thursday, 4th July, 1889.

PRESENT :

Sir J. H. DE VILLIERS (Chairman),

Mr. Neethling,
Dr. Atherstone,
Mr. Hofmeyr,

Mr. Van den Heever,
„ Wilmot.

Dr. Simons examined.

Dr. Simons.
July 4, 1889.

63. *Chairman.*] You are the District Surgeon of Malmesbury?—Yes.

64. How long have you been in practice?—Since 1856—upwards of thirty-two years.

65. Were you District Surgeon during the whole of that time?—No. I was appointed in 1877.

66. You came originally from Holland, I believe?—Yes.

67. Is there any leprosy in Holland?—No.

68. Was there a time when the disease was known there?—I have heard of its existence a generation or two back.

69. Was it stamped out by means of legal enactments?—There were certain regulations lepers were bound to conform to, such as wearing a distinguishing dress, and they were compelled to sound a rattle, and to keep apart from the rest of the community.

70. They were kept apart under strict regulations?—Yes, certainly.

71. Since your appointment you have confined your practice to the district of Malmesbury?—*Dr. Simons.* I have been in July 4, 1889. practice there since May, 1860.

72. You know the district well?—Yes.

73. Is leprosy prevalent in that district?—I know of several cases, and I believe it is increasing.

74. Can you tell the Committee whether there were many cases when you first came to the district?—I was not District Surgeon when I first went there, and these cases did not come under my notice.

75. Since your appointment as District Surgeon have you known any increase in the number of persons affected?—Yes, certainly.

76. Is the disease principally confined to coloured persons?—No; it is not confined to coloured persons. I know of several cases where families of white farmers are affected.

77. When you say families, do you mean all the members of the family?—No, individual members; but sometimes two and even more cases are affected in the same family.

78. From your experience do you know of any cases which lead you to the conclusion that leprosy is a contagious disease?—I have a note of a case with me which proves conclusively to my mind that the disease is contagious.

79. Will you oblige the Committee with the particulars?—There was a coloured man affected with leprosy on a farm. The farmer's daughter, about ten years of age, shortly after caught the disease, the coloured man being employed in butchering and other work about the house. Another coloured man, the farmer's wagon driver, who used to be great friends with the first mentioned, next became a leper. The farmer himself also became a leper. He had avoided his daughter's presence as much as possible, and was probably infected by his wagon driver. During the illness of the daughter a young woman (now married) came to assist for some time, and is now a confirmed leper. The above events happened in that one family during the last fifteen years. The farmer and the lastmentioned woman are alive at pre-

Dr. Simons.
 July 4, 1889. sent. The younger children were at school, and did not come home often, when suspicion was aroused as to the contagiousness of the disease. The two elder children (girls) are married. They are all free from the disease. This is a case I myself attended. There was never any leprosy in that family. The next case I have no doubt is true, but I have the facts from hearsay only. A farmer adopted an orphan child, of whom he was particularly fond, and used to make a constant companion of. The farmer became affected with leprosy, and the adopted child, now a married man with several children, is a confirmed leper. The farmer himself died the year before last. I know personally that leprosy was not in the child's family. I think that most cases of leprosy among the coloured people are brought on by contagion.

80. Have you any further evidence to this effect?—I should like to put in the following extract from *S^t. James' Budget*, June 16, 1888. I do not of course vouch for its correctness, but it may be taken for what it is worth:—"A disquieting statement is made by Mr. Gutnam, United States Consul to the Sandwich Islands, to the effect that a large number of persons affected with leprosy emigrate yearly from the Islands to the United States. The aggregate number is stated to be much larger than is generally supposed. It is impossible to give statistics, but such of the whites who are sure that they have the disease, and who have the means, generally leave before full development, in order to escape imprisonment upon the horrible island of Death. In the report an account is given of an experiment made to determine whether or not leprosy is contagious. It was made on a native of the Islands, named Keanu, condemned to death for murder. Sentence was commuted to imprisonment for life, on condition of inoculation with leprous virus. The experiment was conducted by Dr. Edward Arming, a distinguished German specialist employed by the Hawaiian Government for that purpose. On the 3rd of September, 1884, Dr. Arming removed a leprous tubercle from a leper in advanced state of disease, and having made an incision into the skin of the left forearm, stitched the tubercle to the wound, where it ultimately grew and became firmly adherent. Keanu

however showed no signs of disease until a few months ago, when a change was observed in him; the physicians now report that he is beyond a doubt affected with leprosy. The unfortunate man, having suffered so much in the interests of science, might surely now be allowed at least limited liberty." *Dr. Simons*
July 4, 1889

81. You know the case of Father Damien?—Yes, that is a very strong case.

82. Do you believe the disease is hereditary?—That is certain.

83. Do you say so from your own experience?—Yes.

84. Have you had more than one case?—I know of two cases at present where the disease has unmistakeably been transmitted from the parents.

85. Do you think the majority of cases you are acquainted with have been inherited?—When you examine these lepers they will, as a rule, tell you that the disease came on suddenly after a severe cold. My opinion is that in a great number of these cases the disease has been communicated by contagion. The great difficulty in deciding arises from the fact that it may remain latent for years, ten years sometimes and more, so that you cannot get evidence as to contact with others.

86. Do you think that children of lepers are liable to the disease?—To a certain extent. You will find a large family with only one or two members affected. And then sometimes it skips a generation.

87. How many cases are there at Malmesbury to your knowledge?—There are five cases among the farmers, exclusive of Darling and Hopefield.

88. Are there not several cases at Robben Island from Malmesbury?—Yes.

89. Do you think that the public interest requires that measures should be taken for stamping out this disease?—Yes, decidedly.

90. What means would you recommend?—Complete segregation.

91. Would you separate the sexes?—Yes.

92. Take the case of a respectable man, educated and intelligent, would you separate him from his wife and family and remove him from his home?—I am afraid there

Dr. Simons. is no help for it. If you wish to stamp out the disease
July 4, 1889. your measures must be thorough. Of course you should provide every comfort for the unfortunate people.

93. In former times were not the people allowed to remain at home?—I came across some information as to some cases in the division of Swellendam in the year 1756. It appears that there were two people in the town affected with leprosy. They were ordered to keep themselves apart from the rest of the inhabitants, and a proclamation was issued by the Government warning the people that these two persons were lepers and were to be avoided. But I do not find that they were removed.

94. Do you think Robben Island a suitable place for a leper asylum or lazaretto?—I do not think that as a rule such an institution should be near the sea. Robben Island, however, has many advantages. The lepers can be isolated completely. The Island itself is dry and the situation healthy. The lepers will have far more liberty than they could have on the main land.

95. You inspected the lunatic wards with the Committee yesterday, do you think they could be converted into a place for lepers?—As far as I could see those wards are very well adapted to the purpose. The place where the lepers are now confined is most unsuitable.

96. Would you allow husband and wife to live together at the asylum if they wished not to separate?—I acknowledge the hardship; but what are you to do if you wish to prevent leper children from being born into the world. It is a terrible disease, and if it is to be stamped out we must do our best to prevent this.

97. You inspected the leper wards?—Yes.

98. First as to the male wards, will you state in what condition you found them?—Very bad and very dirty. The building is far too low, the accommodation is insufficient, and the ventilation bad.

99. Did you find all the wards very dirty?—The first and second we inspected were the dirtiest.

100. What kind of floor is there in these wards?—A clay floor. It would be impossible to keep such a floor as clean as it ought to be.

101. Did you look under the beds?—Yes. I saw dirty things lying about,—filthy bandages, scraps of food, &c.

102. What were the surroundings like?—They were also dirty. The smell was bad and flies swarming. *Dr. Simons.*
July 4, 1889.

103. What disinfectant would you use?—Sublimate and fumigations with sulphur.

104. What is used at Robben Island?—I believe carbolic acid.

105. You examined the female ward, how did you find matters there?—Decidedly better, but as a rule females are cleaner than men.

106. Do you think the existing male leper wards could be utilized for a leper asylum?—No; I think they are not fit for the purpose. It would be better to utilize the lunatic wards, where there appears to be quite sufficient accommodation.

107. In your practice have you tried any remedy for the cure of leprosy?—One family to which I have already alluded I have attended for nearly fifteen years, but I find it difficult to persuade the patients to continue any course recommended. The disease in most cases progresses so slowly that you find them neglecting the remedies.

108. Have you ever used gurjun oil?—Yes.

109. With any beneficial effect?—No.

110. It is said that when well rubbed in for hours, and taken internally in small doses, cures have been effected?—I think if that had been a well established fact it would have been more widely known. Such cures would be reported in every Medical Journal. One constantly hears of new remedies which after a short experience are discarded.

111. *Mr. Hofmeyr.*] Do you not think there ought to be a probationary ward for suspected cases before finally sending them to the asylum?—Certainly.

112. *Chairman.*] In one of the male leper wards you saw a boy examined, you were present when he was stripped, and examined him yourself, did you find any signs of leprosy on him?—None whatever.

113. Do you think that was a case where the boy should have been sent immediately to be confined with the lepers?—Certainly not.

114. In that case you think it would have been better if there had been some place where the boy might have been

Dr. Simons. treated until it was quite clear that he had the disease?—
 July 4, 1889. Decidedly.

115. You think then that every precaution should be taken before a person is sent there?—Most certainly.

116. You are in favour of a probationary ward to which all doubtful cases might be sent?—Yes.

117. Suppose that there are three cases, two of them decidedly lepers and the third doubtful, would not the last be liable to contract the disease if kept in the same place as the others?—Yes.

118. Would you recommend that all persons should be examined by a Medical Board before they are sent to the asylum?—Yes; and if the signs of leprosy were doubtful, and the person came from a leprous family, he should be put in the probation ward.

119. Would you not wait until the symptoms were more decided?—In all these cases there must have been suspicious symptoms. They may turn out not to be leprosy, but they must be carefully watched.

120. *Mr. Neethling.*] Will you repeat what you said as to the state of the male wards?—I considered the arrangements very bad. The walls and floors were dirty, the accommodation insufficient, the ventilation faulty, and the smells very bad.

121. Did you find any attempt at classification according to the stages of the disease?—None whatever.

122. Do you think there ought to be some?—Yes, certainly, for the poor creatures' own comfort. I think those who are the worst affected should be kept apart from those in whom the disease is just making its appearance. I found about twenty sleeping in the same room, which was far too many. But I must add that things were much better in the female dormitories.

123. *Mr. Wilmot.*] You consider that the wards were very much overcrowded?—Yes.

124. *Chairman.*] It has been stated that there is no more reason for segregating lepers than for the segregation of persons suffering from other contagious diseases, what is your opinion?—I do not agree with that. As far as medical science goes there is no cure known for leprosy, but you can cure, or at all events greatly alleviate syphilis,

which is the contagious disease generally meant. Leprosy *Dr. Simons.*
is very little known in England, and if you wish to obtain *July 4, 1889.*
reliable information on the point you should obtain the
views of the medical profession in India and other places
where the disease is prevalent.

125. *Mr. Van den Heever.*] How long does the disease
take before it shows itself?—It varies considerably—from
one to ten years. All constitutions are not equally liable
to be affected by the disease.

126. *Chairman.*] Did you see a female leper in the
lunatic ward?—Yes.

127. Have you any doubt that the woman was a leper?
—I have no doubt of it.

128. Is it proper that she should be with the other
lunatic patients?—Certainly not. I cannot understand it.
It is most dangerous to the others.

129. *Mr. De Villiers.*] Very often after contagion the
poison lies dormant for a number of years?—Yes, that is
one of the difficulties we have to contend against.

130. Do you know of any case where a woman married
to a man who afterwards became a leper bore children and
until after ceasing to bear children showed no signs of
leprosy and finally the disease made its appearance?—I
have not met a case of that nature.

131. I know of such a case, but you consider it
possible?—Oh quite. There is no saying how long it may
be before the disease shows itself. Besides there are many
things which may retard it for a time. Child-bearing
affects the constitution in a peculiar way. And again if a
person is well fed, comfortably clothed and properly housed
he may last much longer than others who have not the
same comforts.

132. You say it is hereditary?—Decidedly, but like
cancer it may skip a generation.

133. You know some doctors have said it is not con-
tagious?—Yes. I remember a letter in the *Cape Times*
written by an army doctor pronouncing very decidedly
against its being contagious, because the soldiers under
his care had not contracted it. I do not think that negative
proves anything, for these soldiers serve for a comparatively
short time during which they are well looked after, and

Dr. Simons. when they leave the service they are lost sight of by the medical man who is therefore not in a position to say that the disease did not make its appearance afterwards.

134. *Chairman.*] Are there more cases in your division do you think that you are acquainted with?—I am very sure of it.

135. Do you think the disease is widely spread?—There are a number of cases at Saldanha Bay to which I have not alluded. But speaking generally, I think it is a fortunate thing that the disease is not as yet so widespread as to make it difficult to take measures to eradicate it. But it is high time, and I do not think there should be any further delay.

136. *Mr. De Villiers.*] Did you examine another little boy at Robben Island who was decidedly a leper?—Yes.

137. I know the circumstances of the case. In the mother's family there never was a case of leprosy before. The father is a fisherman, an Englishman, and was also without any leprous taint; but two of his children are lepers. In the place where they live there are lepers who have children also lepers. These children used to play together and were often seen sharing sweets. Do you think it possible that the disease of this boy was contracted from associating with the other children?—I think saliva a most likely vehicle for conveying the infection. Shaking hands with a person whose palms are moist with perspiration might possibly expose you to infection.

138. *Mr. Neethling.*] Do you think persons in a comfortable position in life should be sent to the Asylum?—I would make no exceptions. You must of course provide proper accommodation.

139. *Mr. Hofmeyr.*] Do you think that sufficient care is taken to prevent lepers from communicating with others?—I do not. About New Year the coloured lepers were allowed to visit their families at Malmesbury. They were conveyed to Cape Town, but in travelling down they were liable to spread the disease, and I think it very dangerous that they should have been permitted to stay with their people.

Dr. Dixon examined.

140. *Chairman.*] Where do you reside?—I am at present Acting Surgeon Superintendent of the Lunatic Asylum at Graham's Town. *Dr. Dixon*
July 4, 1889

141. Have you had any experience in the treatment of leprosy?—I have not.

142. Are you able to state whether leprosy is on the increase at Graham's Town?—I have had only a short experience, but from what I know I should say not.

143. You accompanied the Committee on a visit of inspection to the Asylum at Robben Island?—Yes.

144. Suppose the lunatics are removed to the mainland do you think the wards at present occupied by them might be utilized for lepers?—I should certainly say that they were most suitable. The construction of the Asylum buildings renders them very adaptable for a leper hospital, and they might be at once utilized for this purpose. From their structure they are well adapted for the strict separation of the sexes, and also of the coloured and European races. Owing to the separation of the Asylum buildings into different wards and courts, a still further classification of the different stages of leprosy, on either a clinical or pathological basis, could be carried into effect, and a probationary ward, so urgently needed for doubtful cases, could be established. Little or no cost need be incurred in moving the whole of the lepers into the Asylum buildings and establishing them there. The ventilation and heating arrangements might need some modification, and probably a little cementing and plastering might be required, but nothing of a costly nature.

145. Would you send all the lepers in the colony to Robben Island, or would you propose having another institution in the Eastern Province?—I think for the purpose of segregation one establishment would be better, but the distances are so great that the difficulties of removal must be taken into account.

146. Have you ever heard that mail steamers refuse to take lepers?—I have heard so.

147. And that passengers object to their being conveyed by rail?—It is very likely.

Dr. Dixon.

July 4, 1889

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148. What was your impression of the present leper-wards at Robben Island?—I thought the accommodation inadequate, and the buildings unsuitable for their purpose in every way. There is not sufficient cubic space in the wards, the general construction is bad, and the ventilation defective.

149. But defective as the buildings in themselves are, have not the defects been increased by want of ordinary sanitary arrangements?—Yes, the administration appears to be defective. Dust and debris have been allowed to accumulate. The floor is a mud one, and the walls are filthy. On the floors and under the beds were scattered foul rags, cast-off clothing, and all kinds of rubbish; even particles of food were lying about.

150. Could not this state of affairs be avoided by ordinary care and attention?—I think so.

151. What was the state of affairs outside the wards?—Immediately outside the wards I found the stoeps dirty, remains of poultices covered with flies, crusts of bread and other matter scattered about, all swarming with flies.

152. What disinfectants were used?—That did not come under my notice.

153. What would you recommend?—Perchloride of mercury.

154. In preference to carbolic acid?—Yes.

155. Do you think that there is any danger to attendants?—Not with proper precautions. Cleanliness must be strictly observed, and the use of antiseptic solutions would prevent any danger.

156. Did you inspect the female wards?—Yes, they were in a very much better condition. There was greater cleanliness, and the building was better, but even there I think the ventilation insufficient.

157. I observed that there was a special waton for the female ward, but there appeared to be no special overseer or attendant for the male ward?—Yes. I was struck with the absence of attendants in the male wards. An adequate and active staff of attendants is, of course, an essential of efficient administration.

158. Did you ascertain whether any remedies were being used?—Arsenic and cod-liver oil I understood the

doctor to say were used, and he also said, I think, that he had tried gurjun oil.

Dr. Disson.

July 4, 1889

159. Is there any further information on the special subject of this inquiry that you would like to give?—I should like to say that I think great stress should be laid on the necessity for adopting better material for the floors and walls. It should be some non-porous material. Then I think that they should be painted, using cement and ground oil paint.

160. *Mr. De Villiers.*] If they were white-washed, would not that do as well? Is not lime a disinfectant?—I think a painted wall or parian cement the best, because you can apply your disinfectants.

161. What disinfectants?—Perchloride of mercury.

162. Would not sulphurous acid do?—You could not use that with the patients in the room. The question of what disinfectant to use is most important. The notion of carbolic acid as a ward disinfectant has been quite exploded for ten years at least, and its use as an aerial disinfectant and germicide has been proved by conclusive experiments to be absolutely futile. Where immediate contact is required, corrosive sublimate (hydrarg. perchlor.) is probably the most efficient agent which we possess, and for fumigation sulphurous acid is exceedingly useful.

163. *Mr. Hofmeyr.*] What is required immediately is greater cleanliness, and until we are prepared with something better, to have all the walls white-washed?—Certainly, it ought and might be done at once.

164. *Mr. Neethling.*] You also consider the wards overcrowded?—Yes, there are far too many people in each ward.

Dr. Beck examined.

165. *Chairman.*] How long have you been in practice?—About ten years. Eight years in the colony.

Dr. Beck.

166. Where did you practise on your first arrival?—In Kimberley, after which at Worcester.

167. You are at present practising at Rondebosch?—Yes.

168. When you were at Worcester did you know of any

Dr. Beck.

July 4, 1889

cases of leprosy in the division?—Yes, I knew of two or three cases, but I have not seen as many as my other colleagues. It is difficult to get any information of the existence of such cases in a large district like Worcester, where people live long distances from the town and on isolated farms. My experience there was very limited.

169. These people also are in the habit of concealing cases?—Yes, almost always.

170. So that even the District Surgeon may not be aware of their existence?—There is nothing more difficult than for a District Surgeon in a district such as Worcester to find out all the cases of leprosy that may actually be in existence.

171. Were you District Surgeon of Worcester?—Yes, for a year.

172. Had you any cases of leprosy under treatment?—No.

173. Have you studied the subject?—Yes, closely.

174. From your reading, what conclusion have you arrived at as to whether the disease is contagious or not?—I have come to a very positive conclusion that it is contagious. I think all the evidence goes to prove this to be the case.

175. Is it your opinion that it is necessary to adopt measures to stamp it out?—Decidedly.

176. It has been said that there is no more need for the segregation of lepers than for the segregation of persons suffering from other contagious diseases. What is your opinion?—I think that there is a very great distinction to be drawn between leprosy and other contagious diseases. Take, *e.g.*, syphilis. To commence with, let us look at the facilities we have for stamping out the one disease as compared with the other. Leprosy is localised, the number of cases is very small as compared with the population, and it is within our means and power to arrange for their segregation. It is not so in the case of syphilis, which is spread over the whole country, and the numbers affected are so great that complete isolation is impossible. Then, again, leprosy cannot be cured, the disease must run its course and the patient dies; but in syphilis we can either completely cure or at all events check the disease. What

applies to syphilis I need scarcely say in this connection applies also to other contagious diseases.

Dr. Beck.

July 4, 1889

177. What would you suggest as the best means for stamping out the disease?—Absolute segregation. This has answered well elsewhere and will answer well here.

178. Would you separate the sexes?—Yes. Heredity plays an important part in the propagation of the disease, and no law can be too rigid to prevent the miserable results arising from the marriage of lepers.

179. Do you think Robben Island a suitable spot for a leper asylum?—I think on the whole it is.

180. You visited the lunatic asylum with the Committee; how do you think that would answer?—I think it could easily be utilized for the lepers.

181. Would you advise the construction of better quarters for paying patients?—Yes.

192. Would you let a well-to-do leper remain in his own house, trusting to his knowledge and good sense to prevent risk of spreading contagion?—No I am afraid there can be no exceptions. It *appears* to be hard that he should be removed, but it is to prevent the greater evil of infecting others with this dreadful disease. It is difficult to meet every case, and if you once make exceptions fresh difficulties will crop up. I think that husband and wife should be separated, and that is a hard case, but necessary. Upon this point I wish to be particularly clear, for all opposition to any enactment for compulsory segregation will hinge practically upon it. Take the case of a well-to-do lunatic. Many lunatics are perfectly harmless. I know cases of monomania where the affected individuals are sane upon all points but one or two. In an asylum I visited some time ago, a gentleman was confined who, while sane in everything, had got it into his head that some property belonging to a neighbour was his. He became such a source of worry to this neighbour and to those near him that he was properly sent to the paying wards of an asylum. I am not aware that society regarded his case as specially hard; at any rate there are many similar cases in all asylums. That being so, there can surely be no argument for not segregating a respectable well-to-do leper, who not only must be a worry to those near him, but also a source of great and positive danger.

Dr. Beck. 183. I suppose you would not insist upon removal in any cases where there was not absolute certainty of the presence of the disease?—I think there should be some arrangement for the reception of doubtful cases. It would be obviously cruel to subject a doubtful case to association in hospital with lepers.

184. Is not the disease contagious in the earlier stages?—We cannot say positively.

185. You examined the boy Le Roex in the leper's ward on the Island?—Yes.

186. Did you examine him thoroughly?—Yes, with the other medical men present.

187. With what result?—We failed to detect any outward manifestations of leprosy.

188. *Mr. Neethling.*] Suppose that the boy was not really a leper when he was sent to the Island, would not his confinement in the leper wards expose him to the danger of infection?—I am afraid it would.

189. *Chairman.*] Should not this boy have been kept under observation for some time?—I think so.

190. You think, then, there should be a probationary ward?—Yes.

191. Would you separate cases according to the different stages of the disease?—There certainly ought to be some sort of classification. I think those who are in the first stages should not be compelled to associate with those whose loathsome discharges make them offensive. At the same time every comfort should be provided for the latter unfortunates.

192. You inspected the leper wards with the Committee; will you state what your opinion is of them?—There are five male leper wards. The last one we inspected was reasonably clean. The roof is too low and the ventilation deficient, but the floor is boarded and kept fairly clean. The other four are ill constructed, badly ventilated, and very dirty. The floors were of mud and porous—the worst possible floor for the purposes of a leper ward. There appeared to be no attempt at keeping it clean, which from the nature of the floor would at all times be difficult. Under the beds we saw old clothing and rags from the leprous sores on which was the offensive discharge from

the ulcers. These wards are certainly not fit at present for the purposes to which they are put. Two female wards exist. These, in every way, were cleaner and better kept.

Dr. Beck.

July 4, 1839

193. You consider, then, that the evils of construction have been aggravated by want of cleanliness?—Yes, both externally and internally.

194. Did you look at the arrangements for washing?—Yes; and I was much struck with the most serious defects in this respect. The supply of water is insufficient, and there was no arrangement that I could see for proper baths—a defect quite incomprehensible in connection with leper wards.

195. *Mr. Neethling.*] Had they a sufficient change of clothing?—From what I was told I think not.

196. We were told that they were allowed only one suit, and could not change?—If that is the case of course this is quite insufficient.

197. You say the buildings are not sufficient to accommodate the number of lepers?—They are insufficient.

198. When you entered the wards what was the odour like?—Unbearable.

199. *Chairman.*] You went to the female lunatic wards; did you see a woman there who appeared to be a leper?—I saw the woman, and all the medical men agreed she was a leper.

200. Under those circumstances ought she to have been there?—Decidedly not.

201. Have you any further information to give the Committee?—While I agree with Dr. Dixon as to the great value of perchloride of mercury as a disinfectant, I do not think that carbolic acid is a bad antiseptic to use if properly mixed. It possesses the great advantage of being volatile, and so would help to purify the atmosphere.

202. Have you any further information you think might be of use to the Committee?—I have made some notes on the general question, which, if the Committee desire, I shall hand in.

203. *Mr. Hofmeyr.*] Have you been in contact with lepers? Do you know that they are always anxious to shake hands with you, and much annoyed if they think you avoid doing so?—They are exceedingly sensitive at

Dr. Beck. first about their position, and will do anything to avoid the slightest suspicion falling on them.

[Memorandum handed in by Dr. Beck.]

According to request and for the further information of the Committee, I append to my evidence the following notes. The points I hope they will help to bring out are

- (a) The extraordinarily wide distribution of leprosy.
- (b) The fact that in countries like England, &c., when care in segregation, &c., has been exercised, the disease has practically disappeared.
- (c) That if left uninfluenced, it will often spread with great rapidity, as *e.g.*, in the Hawaaiian Islands.
- (d) That it readily affects the kind of population we have at the Cape. Everywhere the coloured races suffer most.
- (e) That it by no means is a disease which is confined to coast districts.
- (f) Its comparative absence in countries like Australia, populated by Europeans from non-leprous countries.

The present distribution over the globe of leprosy—

In Egypt the disease is widely diffused as an endemic, equally throughout the whole basin of the Nile, and on the shores of the Mediterranean and Red Sea.

In Abyssinia, both on the coast and in the plains and hill districts.

Zanzibar, Mozambique, Madagascar (both plains and mountains).

Mauritius (150 patients admitted in 1874 into the Leper House, near Port Louis).

St. Helena.

In Algiers the disease is widely diffused, as also in Morocco, the Canary Islands, and Madeira.

An official census taken in the Canary Islands of the number of cases existing in 1788, 1831, 1857, and 1860 respectively, indicate well the way in which leprosy will increase if left alone in favourable localities. The figures are as follows:—

In 1788, the number of lepers living were	195
In 1831 " " " "	346
In 1857 " " " "	500
In 1860 " " " "	600

Dr. Beek.

July 4, 1889

Along the West Coast of Africa, an extensive region of leprosy is formed from Senegambia to Cape Lopez. In Senegambia the disease is prevalent equally on the Coast and the Interior.

It is the same in Sierra Leone, the Gold Coast, Benin Districts in the Niger country, and in the Cameroon Districts.

On the Loango Coast, from Cape Lopez southward, we come upon territory reputed to be free from leprosy.

At the Cape we know it to exist endemically.

Besides Africa, the Continent of Asia with the Archipelagoes adjoining it forms one of the head-quarters of leprosy at the present day. Principally, of course, this applies to India and Eastern Asia, but the disease exists in other parts also. Then we have accounts of its occurrence in Arabia (in the heart of the country), in the mountainous districts of Persia, Syria, in Cyprus, &c. In India a comparatively recent census gives the number of lepers as 99·073—or about 6 per 10,000 inhabitants.

In Ceylon the disease is common, as also in the East Indian Archipelago, Java, the Andamans, the elevated regions of Sumatra, the West Coast of Borneo.

In the Chinese Empire leprosy has existed from times immemorial. Generally it is met with towards the North of the Empire. In Canton Province the number of lepers is estimated at 10,000. In the villages round the city there is 1 leper to every 2,000 of population, and in the neighbourhood of the city are two leper villages, the one harbouring 700, the other 1,000 lepers. Most of the inhabitants of these two villages are the descendants of lepers.

In Japan the disease is widely diffused, between Jeddo and Yokohama. Wernich found almost the whole population of a large village leprous.

On the Continent of Australia leprosy is almost non-existent, being found only in occasional cases among the Chinese emigrants. It is quite unknown in Southern Australia, Western Australia, and Tasmania.

Dr. Beck. On the other hand it was prevalent amongst the natives of New Zealand, but in recent times it has decreased. This, no doubt, the frightful depopulation of the Native Territory has had much to do with.

In the Islands of Oceania leprosy occurs throughout, and within quite recent times we have accounts of leprosy spreading widely in the Hawaiian Islands. According to a physician, Hildebrand, practising at Honolulu, leprosy was introduced into the islands in 1840 by the Chinese, and rapidly attained so enormous a diffusion, that in 1865, 3·5 per 1,000 of the whole population were affected by it. The same story has been told by Kneeland (*Boston Med. and Surg. Journal*, March, 1873), and by Emerson (*British Med. Journal*, Sept., 1880). It seems reasonable to suppose that many so-called cases of leprosy here might have been something else, *e.g.*, syphilis, but the fact of extremely rapid spread at least is evident.

In Europe, at present, leprosy occurs endemically only in small and circumscribed areas. The principal centres are in Spain, Portugal, Italy, Sicily, a small part of Hungary, Sweden, Norway, and Iceland.

But even in these centres it is everywhere on the decrease. Thus in Norway where considerable areas exist, there have been from time to time an official census of the number of cases.

In 1856 there were 2,847 cases.

In 1863 " " 2,660 "

In 1874 " " 1,832 "

In Shetland the disease has disappeared.

In England and Scotland it has disappeared.

Near Edinburgh there is a small township called Liberton. This was originally Leper-town, and it is an indication of the prevalence at one time of the disease in Scotland.

North America has remained free from leprosy if we except the occurrence of the disease in Mexico, and amongst the Chinese immigrants in California. In Mexico the disease occurs chiefly amongst Native Indians.

From Central America we have only a few facts about the disease. In Costa Rica it is spoken of as occurring often.

In the West Indies it is more frequent, particularly in Cuba and Jamaica. *Dr. Beck.*
July 4, 1889.

In S. America the head-quarters of leprosy is Brazil. In the leper house at Bahia (besides which there are two large hospitals for lepers at Rio Janeiro and Pernambuco), 1,029 patients were admitted from 1787 to 1842, but these figures give only an approximate idea of the frequency of the disease, as it is diffused widely among the poor.

It may be right to mention that accounts are now and then published of isolated cases in many countries, such as England, Germany, and France, where the endemic disease has long been extinct.

These seem to develop in the midst of regions otherwise exempt from the disease.

Tuesday, 9th July, 1889.

PRESENT :

Sir J. H. DE VILLIERS (Chairman),

Mr. Hofmeyr,

„ Herholdt,

„ De Villiers,

Dr. Atherstone,

Mr. Neethling,

„ Van den Heever.

Dr. J. Herbert Cox examined.

204. *Chairman.*] You are at present practising in Cape Town?—Yes. *Dr. J. H. Cox.*
July 9, 1889.

205. How long have you been practising here?—Two years and seven months.

206. You are the visiting physician of the Cape Town Free Dispensary?—Yes.

207. During your practice in Cape Town have you met with cases of leprosy?—I have seen a good many.

208. How many cases do you know of now?—I think I could point out 8 or 10 without any difficulty.

209. Do these lepers live with their families?—Yes.

210. Are they in different stages of the disease?—Yes.

211. Some of them much diseased?—Yes, with ulcers and loss of fingers, &c.

212. Do you think this state of things ought to exist?—Certainly not.

Dr. J. H. Cox. 213. Why not?—Because I believe leprosy to be contagious.
 July 9, 1889.

214. Do you know of any case which satisfies you of the contagiousness of this disease?—Yes, I have seen one lately.

215. You are satisfied from the history of this case that the disease was contracted through contagion?—Yes.

216. In what condition of life are these 8 or 9 persons you spoke of?—The majority belong to the poorer classes; I may say to the lowest class. One, however, was a white woman belonging to a white family, and another was a half caste. The white woman was in very fair circumstances until she fell ill.

217. In these cases are the families with whom they live large?—This white woman has a house of her own and has 4 or 5 children living with her. None of them have shown signs of leprosy as yet. People go in and out without hindrance. She herself is a tailoress and makes clothes. I have not seen her lately as after an attack of fever she went to the hospital.

218. Do you consider that this business, that is making clothes for sale, is dangerous to others?—I think so.

219. Are there cases where many others live in the same house with lepers?—Yes; with some it makes no difference. They live in the same house and eat and drink with them, associating with them constantly.

220. Do you think that constitutes a real danger to the inmates of the house?—Yes.

221. How do you think it might be remedied?—By the complete isolation of cases.

222. I suppose that your practice has not extended over a sufficiently long period to enable you to judge as to whether this disease is on the increase or not?—No. It seems to me to be on the increase, but that may be because I go about more than I used to.

223. Are there more cases do you think than you know of?—Yes; I think that there would be great difficulty in finding out all the cases in Cape Town.

224. Have you ever tried any remedies?—The eucalyptus and tar preparations.

225. Without success?—Yes.

226. Have you ever tried gurjun oil?—No.

Dr. J. H. Cox.

227. Do you believe leprosy to be curable?—I do not like to give my own opinion, but as far as my information goes, I believe that it is not curable.

July 9, 1889.

Dr. W. H. Ross examined.

228. *Chairman.*] You used to be Police Surgeon in Cape Town?—Yes, for 22 years. *Dr. W. H. Ross*

229. After that you became Surgeon Superintendent at Robben Island?—Yes, for $5\frac{1}{2}$ years, commencing on 11th February, 1884.

230. During the time you were Police Surgeon in Cape Town did you meet with many cases of leprosy?—Yes, in going about I used to see about a dozen a day among the poorer classes.

231. Do you consider it to be on the increase?—I scarcely think so. They come in to town and leave it again. One set will move out into the country and a new lot will come in their places. They go out to Wynberg, Claremont, and Rondebosch, and stay there altogether, or remain with their friends for a time. Others again come to town to visit their friends and acquaintances. They are very fond of visiting each other.

232. When you were at Robben Island as Surgeon Superintendent was the Leper Asylum under your charge?—No; not of late. When I first went there it was under my charge for about a year or so; I then handed it over to Dr. Wynne on 1st August, 1885.

234. By whose instructions did you hand it over?—The Government.

235. Has it been since then entirely out of your control and supervision?—For the last four and a half years, beyond a general supervision, I had no control over the leper wards. Dr. Wynne had charge of both male and female lepers and chronic sick males.

236. Did you never inspect the leper wards of late years?—I used to go round with the Board, but I never interfered with Dr. Wynne's management as the Surgeon in charge.

237. You refer to the Medical Board?—Yes.

238. When do they pay their visits of inspection?—In December and July.

Dr. W. H. Ross

July 9, 1889.

239. When was their last visit?—In December, 1888.

240. Have they been there this year?—No.

241. In December did they inspect the leper wards?—
Yes.

242. Did you accompany them?—Yes, I believe I did.

243. Was that the last occasion you inspected the leper wards?—When visitors come over who take an interest in the institution I always take them round and show them the wards. I consider I have a perfect right to show the leper wards, but I do not treat the lepers or look after them.

244. Had you any control over Dr. Wynne?—Dr. Wynne would allow no one to have control over him. He is supposed to be under me, but he is a difficult man to deal with. He will not obey any orders from me. Of course as Surgeon-Superintendent all his reports and correspondence were sent and conducted through me; but that was all.

245. The Committee visited the Island the other day and found the wards in a very filthy condition, are we to understand that you disclaim all responsibility for this state of things?—I am not responsible for the state of the wards; but I have done my best to keep them clean, by sending convicts and lunatics to clean the place up. The lepers themselves are a most troublesome class and will do nothing for themselves.

246. Are not the buildings bad?—Very bad. When I came to the Island there was nothing but those thatched buildings on your left as you enter, and Mr. Tudhope had the new wards put up.

247. If the Lunatic Asylum were removed to the main land might not the asylum buildings be utilised for lepers?—If all the lunatics are removed the buildings on the Island would do very well for the purpose, but you must mix up the chronic sick with the lepers.

248. Why?—Because they are of the same class. You must remember also that three-fourths are children born of leprous parents, showing signs of the disease, but no actual mischief going on, that is, there are no open sores. Now the chronic sick and paupers do not mind mixing with lepers, and the children have perfect freedom

to go where they please. I think all that would be wanted *Dr. W. H. Ross*
would be to have an infirmary ward for the worst cases. *July 9, 1889.*

249. You would not separate all cases from other people?—Not all cases.

250. Is there no fear of contagion?—I do not believe in all that folly as to its being contagious, unless you handle the sores, and by that means expose yourself to the danger.

251. You think it only communicable by means of actual sores?—Yes, and by sexual intercourse.

252. You are aware that the bacilli have been found in the saliva of lepers, would not that render the disease liable to be spread by the act of kissing?—Not unless there was some cracked surface on the lips or mouth. I have never known of a case of leprosy having been contracted on the Island, although they mix there freely.

253. Suppose that Robben Island were reserved entirely for lepers, do you think the buildings at present used for the Lunatic Asylum might be utilised?—Yes, I think they might.

254. *Mr. Neethling.*] Does not the disease lie dormant for a long time after contagion?—It is constitutional like pthisis. It may or may not break out. Under favourable circumstances it will make its appearance; if the circumstances are not favourable it may take years before it is developed, or it may not show itself at all. I have known children of lepers arrive at the age of nine or ten years before it showed itself in them.

255. *Chairman.*] Do you know a boy in the leper ward named Le Roex?—Yes, he is very quiet and well behaved.

256. Is he a leper?—He belongs to a leprous family.

257. But I want to know whether you consider him a leper?—I cannot answer the question as I have never examined him. He was sent over by Government. The Government instructions are my authority for keeping him.

258. Do you accept him without any examination?—There is generally a certificate from a medical man which is forwarded to the Government.

259. And is that decisive? On that is the patient placed at once in the lepers' ward?—I have always suggested that doubtful cases should be kept apart for a few months to see how the disease progresses.

Dr. W. H. Ross

July 9, 1889. 260. Should a case turn out to be so doubtful that after a time you believe it is not leprosy, what is done?—He will be discharged.

261. Who has the power of discharging him?—The Government.

262. How does the Government become aware of the fact?—We report and recommend the discharge.

263. Have you as Surgeon Superintendent the power to examine the boy just alluded to for the purpose of seeing whether he is a leper or not?—No. The boy is sent over as a leper and I have to put him in the leper wards. I have no other place. I think there ought to be a probation for some three or four months.

264. Do you not think that a healthy person would run the risk of contagion if placed in these wards?—No.

265. Do you think that there is no harm in sending such a person to sleep in one of these crowded wards, and to associate with, and share his meals with the lepers?—No. I do not believe that it is contagious. I would not mind myself sleeping in the wards were it not for the foul smell.

266. *Mr. Neethling.*] Do you mean that it would not be dangerous for that boy to reside there year after year?—I say it is not dangerous for a healthy person.

267. Has the disease made any progress in his case since he was admitted?—I have not examined him.

268. Has it ever been recommended that he should be discharged?—I think *Dr. Wynne* has recommended his discharge, but I am not certain. The difficulty may be that he has no friends. What is he to do then when he gets on shore; where is he to go?

269. *Chairman.*] In the female lunatic wards there was a woman with every appearance of leprosy, is she a leper?—She is not. She has been at the Island for a long time. We have a lady with the same appearance, the face swollen and so on. But, suppose she were a leper, I could not discharge her. She is a lunatic and must be cared for in the asylum. But she is not a leper.

270. *Dr. Atherstone.*] Do you know anything of her history?—No.

271. *Mr. Neethling.*] Are there any attendants belonging

to the male leper wards?—Dr. Wynne attends to all the lepers in the Island.

*Dr. W. H.
Ross.*

July 9, 1889

272. But I mean attendants to preserve order and to take care that cleanliness is observed. Are the male lepers left entirely to themselves?—Lepers are divided into three classes. Young children come there whose parents are known to be lepers, these children are allowed to run about as they please. Then there are lepers who are not in the advanced stage of the disease, there is no doubt that they are lepers, but they have not open sores, these men roam over the Island and spend their time in fishing and otherwise amusing themselves. Many of them are convicts who have been sent away from the convict station on account of their being lepers. They are a very troublesome class. Then you have the very bad cases, generally a quiet lot who keep to their beds and who call for a good deal of surgical attendance.

273. But who are the ward attendants? Are they lepers?—There are four ward attendants, all lepers.

274. Who cooks for them?—Their food is cooked in the general kitchen; but it is intended to give them a leper kitchen; and the cook selected is a leper, who has lost some of his fingers, but the disease appears to be arrested for many years in his case.

275. *Mr. Wilmot.*] How does he manage to cook without his fingers?—He can do a great deal. He is an old Cape corps man who shot another man and was sentenced to imprisonment for life, then leprosy having made its appearance he was sent to the Island.

276. Can you get no other class?—You cannot get free men to do the work. The leper attendants get a pound a month besides their rations.

277. *Chairman.*] How is it that you have succeeded in getting a matron for the female ward?—The matron is not exactly a ward attendant. She makes out the requisitions for what is required during the day, and superintends generally. The other old woman was a nurse in the old hospital, but she cannot write. Then the better behaved women assist. But they are very lazy and troublesome. They won't do any washing, and now they refuse to scrub. All they do for themselves is a little cooking—but even

*Dr. W. H.
Ross.*
—
July 9, 1889.

of that they will do as little as possible. They are so lethargic that they will do nothing at all but a little football, cricket and fishing.

278. But we are not talking of the males just now; what recreation have the females?—They do not go out except for a walk.

279. *Dr. Atherstone.*] How are they prevented from associating with the males?—They are sent to walk on the other side of the Island. But the males are always trying to mix with them. They sometimes burrow under the doors in order to get things to them—brandy, &c.

280. Where do they get the brandy?—From their friends. These lepers have lots of friends who come over to visit them. They smuggle the brandy across in various ways. They fill ox gut with brandy, and twine it round their bodies. We generally detect them by their manner when getting into and sitting down on the chair when they are landing. If I suspect them I have them up to the store to examine them.

281. What do you do?—We prick the gut and out the brandy flows. I have caused hundreds of gallons of brandy to be spilt. Then there is another thing, the dacca or Indian hemp. They are very fond of this, they say it soothes them. They do not suffer much pain, they suffer more from cold to which they are very sensitive.

282. *Mr. Hofmeyr.*] I am not quite clear as to your duties as Surgeon Superintendent; I should like you to explain them more clearly?—As Surgeon Superintendent I am as it were the representative of the Government, my authority is supreme. I have charge of the Lunatic Asylum. Under me is a surgeon whose duty it is to look after the chronic sick, and the lepers, male and female. I do not interfere with him at all. He prescribes for them—he can order any medical comforts he may think necessary—he has perfect authority in these matters. In fact no medical man would accept the office unless he were left to act on his own responsibility in these matters. But when fresh patients are sent by the Government with the accompanying certificate, I see them and hand them over to him. I do not inspect the wards. I have gone over them. There is a Board which furnishes monthly reports,

consisting of myself, the minister, and the surgeon of lepers, called the Conjoint Board for administering local affairs, and settling grievances and disputes, and breaches of discipline. The question of lepers crops up constantly. They are always fighting and tearing their clothes. They are dirty, and I have constantly spoken to them about the dirt, but unless I send the convicts or lunatics to assist in keeping the place clean it would never be touched; they themselves would not do anything.

283. How often do you have the place cleaned?—Whenever I see that it is necessary. My house is close to this ward, and I can always notice any filth.

284. *Dr. Atherstone.*] Has Dr. Wynne ever complained of the dirt and want of accommodation?—He never has said a word, except at the Conjoint Board. We don't associate much.

285. *Mr. Hofmeyr.*] It appeared to the Committee that the wards were very dirty; under the beds were foul bandages and other filth—outside there was dirt—and everywhere swarms of flies; now I want to know who is responsible for this? Are you responsible?—No, I am not responsible.

286. Who is responsible?—Dr. Wynne is in charge of these wards. If he is examined he will tell you that he has no means of enforcing order or cleanliness. I have seen them go on to the beach and pick up the garbage thrown there, bring it up to the wards and throw it down in the yard. They empty their utensils out of the front door, and are in every way filthy. I have often scolded them, and Dr. Wynne has informed me that I was exceeding my authority in interfering. So that of course I could do nothing.

287. Did you report this to the Government?—No; it is unpleasant to be constantly making charges, and Dr. Wynne is really the surgeon in charge of these wards.

288. Did you ever report that he was unfit for his post and ought not to be kept on?—I think the Government were quite well aware of what manner of man Dr. Wynne was.

289. But ought you not as Surgeon Superintendent to have reported in writing that the medical officer in charge

*Dr. W. H.
Ross.*

July 9, 1889.

Dr. W. H. Ross.
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 July 9, 1889.

of the lepers does not keep the wards in order, and in your opinion was not performing his duty?—It is very difficult to keep order in these wards. I have had to go into the leper's ward when lights were reported as burning out of hours, and there on one occasion I found two men racing round the room, one of them with a drawn sword with which he swore he would kill the other. I had them seized and put into cells belonging to the Lunatic Asylum which were the only places we had to confine them. We drew the attention of the Government to the necessity of having lock-up cells for refractory lepers, but the Government does not seem to see it. My idea is that there should be walls round the asylum, and a janitor who should let out the well behaved lepers only, and gate the refractory.

290. Was Dr. Wynne present when the disturbance you have alluded to took place?—No, I don't think he was on the Island at the time.

291. What other breaches of discipline are frequent?—They are for ever tearing up their clothes. If one of them gets a new suit, all want new suits. They tear up their old ones and come round in a crowd demanding new ones.

292. *Mr. Wilmot.*] If Robben Island were to be made a leper asylum could you not get any attendants for the leper wards such as you have for lunatics?—You might have a highly paid staff, but at present the convicts and lunatics do all the work.

293. Could you not have convicts?—The Convict Department would object to their being employed on the leper wards.

294. But that holds good now as well as it would then?—Yes.

295. *Mr. Hofmeyr.*] Is it not cruel to employ the convicts and lunatics on this work?—I have not found them make any objection.

296. *Chairman.*] You have a matron for the female wards?—She looks after the books, and prepares the requisitions.

297. *Mr. De Villiers.*] Cannot you get the able-bodied lepers to assist?—They would not do a stroke of work. I saw a coloured man working in the garden, and I told

him to come over to my garden and I would pay him something to pull up the weeds in the path. He said he was not in want of any pay, but would willingly pay me if I would come and work in his garden.

*Dr. W. H.
Ross.*

July 9, 1889.

298. *Mr. Wilmot.*] Are there not some complaints as to the food?—There always is a difficulty in providing food for a large community. We have to cook for some five hundred people; we have therefore to adopt one common diet, supplementing when necessary with medical comforts.

299. What rations do they get?—They get mutton, beef, good soup, rice and bread.

300. *Dr. Atherstone.*] Do they get enough?—Oh yes, Dr. Wynne gives them plenty to eat. I believe arrangements are being made to let them do their own cooking.

301. Have any arrangements been made which would assist them in keeping the place clean?—Yes; I was in hopes that when the garden was made they would bury the refuse there. I had also a receptacle made at the back of the wards, but they would never use it.

302. It is a disease that tends to deteriorate the whole character?—Yes, they seem to be lost to every sense of decency. Now and then you come across a decent man, but it is generally a case where the man has taken the disease late in life.

303. *Mr. Neethling.*] I am told that the lunatics and lepers occupy the same seats in church. Is that so?—Yes, they force their way in. Arrangements were made to have a special service for their benefit, but they refused to avail themselves of it.

304. *Chairman.*] Do you see any necessity for segregating lepers in so far as that the sexes should be kept apart?—Certainly. The sexes ought to be kept apart.

305. Why?—Because I wish to see the disease stamped out.

306. You do not think it contagious?—Not more than consumption. It is tubercular and communicated by open sores.

307. Is there not more probability of a person contracting leprosy through contagion than in the case of consumption?—There are many whole families who escape though living together.

*Dr. W. H.
Ross.*

—
July 9, 1889.

308. Do you think that steps should be taken to stamp out the disease? Is it not spreading?—I do not think it is spreading. There are not, I believe, more than five or six hundred cases in the whole Colony, and that is a very small proportion considering our population. If the Act is to be proclaimed, and the Government makes proper provision, the disease may be checked.

309. Do you think it necessary that the Act should be proclaimed?—I think if you desire to render the Act effectual you should have complete segregation, and deprive the lepers of all civil rights.

310. *Mr. Wilmot.*] Then you think the Act ought to be proclaimed?—All we medical men have agreed as to the necessity of some such step for years, but there is no provision on Robben Island at present to work the Act.

311. *Mr. Hofmeyr.*] Do you know the case of a little boy who contracted leprosy on the Island?—I know of the case. The boy had no leprous relations. He associated with lepers, and one day being out fishing with them he ran a fish hook into his finger. Leprosy shortly afterwards made its appearance. He did not suffer very much, never having arrived at the stage of open sores, for he died of pthisis at the age of twenty-two with contracted tendons.

312. How is it that lepers are allowed to visit the main land?—I would not allow it. It was done in Dr. Biccard's time.

313. But we have it in evidence that it was done lately?—You cannot force them to remain, there is no law compelling them to do so. When a person is ill conducted as a pauper, and he applies for leave of absence to visit his friends, he presents his application to Dr. Wynne. Then Dr. Wynne sends it on to me with his comments on the case. I send it on to Government, and say I see no reason why this application should be entertained, and the Government write back that it cannot be entertained. I have always thrown great obstacles in the way of lepers going to see their friends, but numbers of their friends come over to see them, associate with them, kiss them, and even cohabit with them.

314. *Mr. Neethling.*] Do you know of cases where visitors from the main land have cohabited with lepers?—Con-

stantly. Sometimes behind the hill, in the gravel pits, but they are not particular. I have found them even behind the minister's house.

*Dr. W. H.
Ross.*
July 9, 1889.

315. Are you speaking of what you yourself have observed?—I have seen women whom I know to be prostitutes come over to visit the lepers, and visitors and lepers have roamed away all over the Island.

316. I want to know whether you know that cohabitation takes place?—Yes.

317. *Dr. Atherstone.*] Are any records kept showing progress of the disease?—No.

318. Is there a case book?—I do not think there is one.

319. I saw a prescription book, and the last entry was 13th May, 1887?—I am not aware as to the date up to which *Dr. Wynne's* books are written up.

320. Is there any book kept which will give a history of the disease from the earliest point known and its progress, after the patient is received at Robben Island?—I do not think so, as our time is so fully engaged by routine duties.

321. Is there any book to show what the treatment has been in each case?—I am not aware, but the prescriptions can be traced.

322. When you were in charge of the lepers did you not keep any books of this kind?—No. Of course there was my journal, in which I made my entries regularly whenever I visited a sick person. But if a regular system of registry is required, giving every detail daily in each case, you will require to increase your clerical staff, and have dressers and a properly equipped infirmary.

323. During your stay at Robben Island has it ever been seriously attempted to treat leprosy as a disease in the same way as any other disease would be treated at a public hospital or asylum?—We endeavour to alleviate their sufferings, but very little can be done, except to treat symptoms and complications as they arise in this incurable and hopeless malady.

324. What disinfectants are used in the leper wards. I am told carbolic acid is used. Is that the case?—I do not believe in carbolic acid, I believe in soap and clean water. Carbolic oil is, I think, the disinfectant used as a local application and in poultices.

Dr. W. H.
Ross.

July 9, 1889.

325. Are bandages supplied?—I don't think so. I suppose that they get soft linen and rags and linseed meal, and treat themselves, under direction of Dr. Wynne, with the help of the leper wardsmen.

326. I wish to understand clearly whether there is any registry of cases beyond the mere entry of the name of the person when he is received?—No, there is no clinical register that I know of.

327. How do you prepare your annual returns?—Our general office books show when the person was admitted, the sex, the age, description, and so on; and when the person dies the surgeon sends in a certificate, with the date and cause of death, which the clerk registers for the Statistical Returns.

328. *Mr. Hofmeyr.*] Is leprosy curable, in your opinion?—That is an open question, like cancer or pthisis. I do not know of any cases where a complete cure has been effected. Sometimes you see an arrest of the disease. You will meet with cases where the joints have been affected, and the extremities have dropped off, then the disease seems to pause, and nothing further is noticeable—the parts cicatrising.

329. *Mr. de Villiers.*] From your own knowledge, does leprosy take long to develop in the person affected?—Yes, it may take some seven or eight years. The first symptoms are a peculiar affection of the ball of the eye, and contraction of the tendons, with puffiness of fingers. It may be some time before anything further is noticed, and many years may pass before the rest of the body shows the unmistakable signs of leprosy—in want of sensibility, swollen fingers, open ulcers, and distortions of the features, with husky voice, loss of hair, &c., &c.

330. Might it take more than seven or eight years?—I may say ten years in children is the earliest age.

331. From your own personal observation do you know of any case where after marriage the man has contracted leprosy from the woman or the woman from the man?—No. The difficulty in all these cases is that you can never believe a word the people say as to the origin of the disease. If there was a suspicion that it arose from marriage they would deny it. You have no idea of the number of fables they tell, so as to conceal the real facts of the case.

332. *Chairman.*] Have you anything further to state to the Committee?—There is a great controversy as to whether a fish diet is a diet likely to be injurious to lepers or not—in fact whether it does not predispose persons who are confined to fish to be attacked by the disease. I do not wish to enter into this question just now, but I should like to state some facts which may be useful. We have great difficulty in obtaining fresh fish for the people at the asylum, but we are able to obtain dried fish, which we have occasionally to issue for rations instead of meat. We obtain our meat from Cape Town, and as it does not arrive until late on Tuesdays and Fridays, for those two days this dried fish is issued instead. The lepers objected strongly to this ration of dried fish. They said that after eating the fish they became feverish, and then after the third day a rash broke out, the fever then gradually passed away. I noticed these symptoms myself (the rash occurring in patches of flattened tubercles or shiny red blotches), and since we dropped the issue of salt fish the number of such cases have decreased. Lepers have a great craving for fatty food and plenty of greasy messes.

Dr.
W. H. Ross.
—
July 9, 1889.

333. *Dr. Atherstone.*] I wish to ask one more question : what are the arrangements for bathing?—There are baths. When I came to the Island in 1884 we were told that the people would only use foot baths. Now there is plenty of hot water if they want it, but as a rule they do not like washing. They will stand in the sea for hours fishing with their clothes on, but they do not care about washing themselves or keeping themselves tidy. They persist in sleeping in their clothes and greatcoats, and are very chilly subjects. You will, however, find all these matters very fully detailed in my annual reports for 1884, 1885, 1886, 1887, 1888, as printed in the Blue Books.

Thursday, 18th July, 1889.

PRESENT :

SIR J. H. DE VILLIERS (Chairman),

Dr. Atherstone,
Mr. Neethling,
„ Wilmot,

Mr. Hofmeyr,
„ De Villiers.

The Hon. Dr. Atherstone, M.L.C., examined.

- The Hon.
Dr.
Atherstone,
M.L.C.
—
July 18, 1889.
334. *Chairman.*] You are a Doctor of Medicine and Fellow of the Royal College of Surgeons, England?—Yes.
335. Have you been long in practice in this Colony?—About 50 years.
336. Where chiefly?—In Graham's Town.
337. I believe you were District Surgeon there for some time?—Yes, for 26 years.
338. Are you District Surgeon at present?—No.
339. What other public appointment do you hold at present in connection with your profession apart from your private practice?—I am the consulting physician of the Albany General Hospital.
340. During your practice have you ever treated or have you attended any cases of leprosy?—I have frequently been called in to examine and enquire into reported cases of leprosy, but I have not attended any cases except to watch them for my own information and instruction. I have always taken a great interest in the subject.
341. From your experience, are you prepared to give your opinion as to whether leprosy is or is not on the increase in this Colony?—I am decidedly of opinion that it is spreading.
342. Is it as common on the Frontier as it appears to be in the neighbourhood of the Cape district?—It does not appear to be so common in my immediate neighbourhood.
343. But the District Surgeon of Alexandria reports that it is very prevalent there?—Yes, and I believe it is.
344. At Stockenstrom, also, it is reported that there are many cases?—Yes, these districts have large native populations, consisting of half-breeds and pure natives.

345. From your experience, do you consider that leprosy is communicated by contagion?—I am convinced of it.

The Hon.
Dr.
Atherstone,
M.L.C.

346. Are there any cases which have come under your own knowledge which satisfy you that such is the case?—I know of several cases in which the disease was communicated by inoculation, by accident of course.

July 18, 1883.

347. You gave evidence before the Select Committee of the House of Assembly in 1883 [*vide* A. 23—'83]?—Yes.

348. Have you recently read that evidence?—Not carefully.

349. As far as you can remember the substance of that evidence, do you think you have any reason for altering any of the opinions you expressed at that time?—I still adhere to what I remember having then stated, but I should like to state that since I gave that evidence I have continued to pay a great deal of attention to this subject.

350. On further consideration you still consider the disease to be contagious?—Yes, not only contagious under certain circumstances, and communicable by heredity, but amenable to curative treatment like diseases of similar origin, and capable of being arrested and cured.

351. What reasons have induced you to arrive at such conclusions?—

(1) It has been conclusively shown that it is always accompanied, if not caused by a *specific* bacillus or bacilli, distinctly recognizable under high powers of the microscope in all the stages, in the skin, tissues, glands, secretions, nerves and bones of the parts affected, undergoing ulceration and destructive degeneration by the pressure of interstitial tubercular deposits.

(2) These specific rod-like bacilli, like other fungoid growths of the lowest type of vegetative life, such as dry rot in old wood, &c., it appears, can only gain access to the system in persons in a low state of vitality, either from poverty and filth, defective nutrition, or depressed nervous energy or constitutional debility, from heredity, or other causes of enfeebled condition of health, admitting of the growth and reproduction of the germs of these low organisms.

The Hon.
Dr.
Atherstone,
M. L. C.

July 18, 1889.

- (3) In such weakened states of the constitution, hereditary or acquired, these bacilli may be introduced into the system by direct contact with any abraded absorbent surface of the skin, or mucous membranes, as in wounds, sores, pricks, &c., or with the mucous surfaces of the lips, mouth, nose, eyes, &c., but chiefly in parts distant from the centre of circulation, as in the toes, fingers, &c., where they may find a lodgment from the diminished vitality of the part being insufficient to destroy them, although sufficient to prevent its rapid growth. In such cases the progress of the disease, and of its prominent symptoms, may be checked for years, till it gradually extends to deeper seated parts, and may be even arrested completely, if proper measures are taken to *destroy* the bacillus, as has been done in several cases on record, a perfect cure having been the result.
- (4) Two cases are alluded to in the evidence before us. One that of the leprous cook on Robben Island, who killed the bacilli accidentally, and so arrested the disease by boiling his diseased fingers off, they being insentitive. The other is that of the Kafir boy, also suffering from the anæsthetic form of leprosy, alluded to in my evidence before the Committee on Leprosy in 1883. The absorbents were destroyed as well as the bacilli, thus preventing further spread of the disease. In this case the Kafir doctor no doubt would have effected the cure by degrees by his germicides and graduated heat, and antiseptics, if the boy had not done it himself to save the doctor's fees. He used the same powerful aromatic and balsamic herbs and tonics locally and internally (for he knew them all), with the main factor of *cure* in such cases, the powerful effects on the *mind* and nervous system which witch-doctors and quacks bring to their aid in simple minded folks and savages with such wonderful effects, *i.e.*, *confidence*, *faith* and *hope*,

resulting in increased constitutional vigour, and thus enabling the system to eliminate and throw off the effete secretions and diseased products. The value of treatment is thus, I think, conclusively proved. If the Kafir doctor with his herbs, germicides and disinfectants can arrest and *cure* the disease, why cannot we with our improved methods of research and treatment?

The Hon.
Dr.
Atherstone,
M.L.C.

July 18, 1889.

- (5) Many diseases, formerly considered incurable, are now included in the list of curable diseases since the microscope has revealed their true nature and cause, as hereditary consumption, constitutional syphilis, scrofula, &c., and it is to be hoped that before long, even cancer and leprosy will be also included in the list. But so long as the public and the medical profession *believe* them to be incurable, so long shall we fail in our efforts to effectually check their progress, and these unfortunate victims, shunned by their fellow men, and doomed by the profession to a slow, lingering death, will give themselves up as heretofore to hopeless despair.

352. How do you explain the hereditary transmission of the disease to the offspring?—It is the constitutional diathesis, or cachexia which, I consider, is inherited, not the dormant germs, rendering the individual less able to resist its attacks and subsequent reproduction.

352A. Do you think the buildings for the Lunatic Asylum can be adapted for a leper institution and hospital?—Yes; I think the buildings for the female lunatics might be utilised for the better class of paying patients, the male wards for the general pauper class of lepers. It will require a separate building for the infirmary for the special treatment and study of the disease, and for experimental researches on animals by inoculation, &c., in different conditions of health, and for microscopic, pathological, and post mortem investigations, &c., under a skilled specialist. In fact it should be a model hospital for treatment, as well as for exhaustive scientific research.

353. What treatment would you recommend?—That best adapted for restoring vigorous health, mental and

The Hon.
Dr.
Atherstone;
M.L.C.
—
July 18, 1889.

bodily, by keeping the functions in regular order, especially the skin by strict attention to cleanliness, regular baths in *hot* or cold salt water, ventilation, exercise in the open air, amusements, nutritious and wholesome diet, antiseptics and germicides, externally and in minute doses internally, as bichloride of mercury, eucalyptus tincture, oil, and lotions, &c., &c., and above all kindness and sympathy on the part of the doctors and attendants, and everything calculated to restore confidence in the *curative treatment*, and to encourage the hope of being ultimately relieved and restored to their families and society. Mental distress, despondency and fear have a wonderful effect in increasing the liability to contagion and in counter-acting curative treatment. During one of the severest epidemics of small-pox in the Colony, I was in charge of the small-pox hospital near Graham's Town, attending daily some of the worst cases of confluent small-pox for upwards of a year, about 150 cases, of whom nearly one third died—both my attendants caught the disease—one a white man who had the small-pox before, the other had strong marks of vaccination. Both died, whilst I, though far more exposed to contagion, escaped, and did not communicate the disease to a single individual. The city entirely escaped. *They* had great fear of contagion, and always fortified themselves as they thought by strong doses of Cape brandy, lowering the system. I was fortified by the spirit of confidence in preventive measures, and kept up my constitutional vigour.

354. Is it your opinion that the disease is of such a nature that it is the duty of the State to attempt to eradicate it by every means in its power?—Most decidedly yes.

355. What do you consider the best means?—Isolation of those affected, and total segregation and separation of the sexes.

356. You were one of the members of the Committee who visited Robben Island?—Yes.

357. What do you think of the adaptability of the lunatic wards for a leper hospital?—I think the better class of lunatic wards [admirably adapted for the better class of patients who can afford to pay for their mainten-

ance, and for the pauper class I think that there are other buildings which at a very slight expense for necessary alterations might be converted into a most comfortable asylum.

The Hon.
Dr.
Atherstone,
M L.C.

358. You saw the present leper wards, what do you think of these; are they suitable for the purposes for which they are used?—No. They are too low; there is no ventilation; the windows were closed; there are no fire-places; the ventilators, which did not go beyond the roof, were also shut up, and the floors of the thatched buildings were of clay.

July 18, 1889.

359. Did you see whether proper arrangements were made for baths?—There appeared to be no decent arrangements for bathing.

360. Apart from the defects in the construction of these buildings, what was your impression as to the state in which these wards were kept?—The wards were in a most disgraceful state. I saw dirty rags, old poultices and filth under the beds, the walls were filthy, and flies were swarming everywhere.

361. How would you keep the flies away?—By removing the offensive matter which attracts them.

362. Did you notice whether the lepers were under any treatment?—I cannot say; but it appeared to me that the unfortunate fellows had to dress their own wounds with bits of rag or any other stuff they could get. I should say from what I saw, that there was no treatment, and that this was not a hospital in any sense of the word.

363. Do you think any of these wards suitable for the purpose?—The new ones are the best; they are on a good foundation, but the walls are wooden, and only 9 feet high, and 13 feet to the roof; then there are no chimneys or fire-places. I wish to draw particular notice to this, not only for the sake of ventilation, but because lepers are peculiarly susceptible to cold.

364. Is Robben Island, in your opinion, a fit place for a leper institution?—I think so. It is not marshy, there is no malaria, it enjoys a pure ozonized air, it is isolated, and under proper regulations I believe these unfortunate people can be kept entirely apart from the rest of the community and yet be deprived of as little as possible of freedom.

The Hon.
Dr.
Atherstone,
M.L.C.
—
July 18, 1889.

365. Are you in favour of one institution for the whole Colony, or would you have others at a distance from Cape Town?—I do not think there is any necessity for more than one. Although I believe that under certain circumstances the disease is contagious, I do not think that there can be any danger in sending these people up under proper precautions either by land or by sea.

366. Are there any precautions used now?—Not that I am aware of.

367. Do you think that the Act of 1884 should be put in force?—I think it should be promulgated when the lunatics are removed from Robben Island; until that is done I am afraid we shall not be prepared with accommodation for those who will come under the Act.

368. I suppose you consider that the regulations framed under the Act should be most stringent?—Certainly.

369. But in case of a paying patient, do you not think that, of course under stringent regulations, he may be allowed to reside in a private asylum?—I cannot see how you are to prevent the sexes from communicating with each other in asylums on the mainland.

370. But if by your regulations it can be arranged that that should not happen?—If by your regulations you could arrange that, I should not see any objection, but I doubt whether you will be able to prevent it.

371. But the same might happen on the Island?—Then the offspring would remain on the Island. It would be a pity to allow it, but the worst would be that it would take a little longer time finally to stamp out the disease. It would not spread.

372. If every case of leprosy were sent to Robben Island when discovered, do you consider the disease would be stamped out in time?—I do, certainly. It has been done in other countries, and why not here.

373. Do you not think that some means might be devised by which people should not be shut off from all communication with their friends?—I think arrangements might be made by which they might see their friends under certain conditions which would prevent there being any sexual contact.

374. *Mr. De Villiers.*] We have been told that the disease may lie dormant for many years after contagion;

what is your opinion?—It may remain dormant for a number of years. Suppose, for instance, that the disease has entered the system by the fingers or toes and that the patient inoculated there is in ordinary health, unless something happens to throw it off, such as may happen in the case of immediate amputation or heat or cauterisation cutting off the absorbents, or germicides destroying the germs, the disease may remain dormant there for any number of years; but when something occurs, some circumstances which tend to reduce the individual, who before might have been a strong healthy man, to a state of health far below par, then these little microbes which have remained quiescent all this while, begin to increase and multiply, and the man falls a victim to the disease from its getting into the general system.

The Hon.
Dr.
Atherstone,
M. L. C.
July 18, 1889.





APPENDIX.

[A]

Letter to Dr. H. C. Wright asking for further evidence.

190/271.

Legislative Council, Cape of
Good Hope, 5th July, 1889.

SIR,—I am directed by the Chairman of the Select Committee on the spread of leprosy, to request that you will be good enough to favour the Committee with answers to the following questions :—

- (1) Having inspected the buildings at Robben Island, will you state whether you think that the lunatic wards might be converted into a suitable lazaretto where a proper system of segregation and classification may be carried out?
- (2) Do you think the Island a suitable place for such an asylum?
- (3) Will you state fully your opinion as to the state of the buildings at present occupied by the lepers, their suitability, ventilation, &c.
- (4) Will you state in what condition you found the leper wards?
- (5) Did you see a boy from Caledon upon whom at present few if any signs of leprosy are noticeable? In such a case do you think a probationary ward necessary?
- (6) Did you see the case of a leper woman in the lunatic ward?
- (7) Do you wish to add in any way to the evidence you have already given.

I have, &c.,

J. A. FAIRBAIRN,

Clerk of the Council.

H. C. WRIGHT, Esq., M.D.,
Wynberg.

[B]

Letter from Dr. Wright after Inspection of Buildings at Robben Island.

Wynberg, July 9th, 1889.

SIR,—I have the honour to acknowledge the receipt of your letter of the 5th inst., with reference to the Leper Establishment at Robben Island, &c., and will answer your questions seriatim.

I. I accompanied the Committee of the Legislative Council on Leprosy to Robben Island on the 3rd inst., and I consider that with slight alteration the lunatic wards might be converted into a suitable lazaretto, where a proper system of segregation and classification of lepers might be carried out.

II. I consider Robben Island a most suitable spot for such a leper lazaretto.

III. The buildings at present occupied by the lepers I consider totally unsuitable in every respect, not only regarding accommodation and ventilation, but from the fact that they are wooden structures, and the position of the male wards is in a hollow and difficult to drain.

I do not consider wooden structures should be employed in a loathsome disease such as leprosy. The walls and crevices become saturated with discharges and expectoration, &c., and retain the noxious odour and germs of the disease more than any other substance. All walls should be plastered to render frequent application of lime white-wash easy.

The present buildings, apart from being wooden, are too low, have windows only on one side of the building, have no intake for fresh air, and very inadequate outlet. In one ward, the floor is of mud and below the level of the ground. This floor is thoroughly saturated with the discharges and expectoration, and very insanitary.

IV. I found the state of the male leper wards almost undescribable in regard to sanitation. The floors were filthy and saturated with discharges and expectoration. The walls were dirty and covered with innumerable fly spots. The brick ends of the wards were dirty and needed whitewash. Under the beds and on the shelves were accumulations of rags, sticks, old tins, and bones. The

clothing of the patients, their blankets and bedding, were absolutely filthy. Their persons were dirty and unwashed. The drainage was unattended to, and the whole place attracted swarms of flies. The odour was sickening. There was no real classification of the disease, but the better behaved patients, both male and female, were placed in the newest wards, which were somewhat better than the others.

The condition of the female wards was in contrast slightly better than the male, but were in a dirty state. Behind the wall surrounding the location were numerous human deposits. The clothing and bedding was dirty in the extreme. The hair of some of the women was unkept and stood out like mops and full of vermin. There were no baths to any of the wards, so absolutely necessary in so loathsome a disease as leprosy.

V. I noticed a white boy about 13 years of age, who stated he came from Caledon. There were no signs or symptoms of leprosy upon him.

I consider in his case, as well as in the case of the girl from Simon's Town, upon whom also are no signs of the disease, that a probationary ward is an absolute necessity in order to watch whether the disease developes in certain supposed or doubtful cases.

VI. I noticed a leper female (Mozambique) in the lunatic establishment. I do not consider her presence there advisable, and would advise her removal to the leper female ward.

VII. I do not consider the patients obtain sufficient food in a wasting disease, such as leprosy, nor are they sufficiently employed, or properly clothed; considering the unsatisfactory state of affairs I witnessed, I consider it advisable that a competent Medical Commissioner should be appointed to make periodical and casual inspection of the establishment. His duties need not be confined to these duties alone; there are many and most useful matters to which his attention could be directed as Health Commissioner for the whole Colony.

I have, &c.,

H. CLAUDE WRIGHT,
Wynberg District Surgeon.

J. A. FAIRBAIRN, Esq.,

Clerk of the Legislative Council.

[C]

Letter to Dr. Wynne on Management of the Leper Institution.

191/273.

Legislative Council, Cape of
Good Hope, 11th July, 1889.

SIR,—I have been directed by the Chairman of the Committee on the spread of leprosy, to inform you that during the enquiry the attention of the Committee was directed to the want of cleanliness, &c., in the male leper wards. It appears from the evidence of the Surgeon Superintendent, Dr. Ross, that he does not consider himself in any way responsible for the state of these wards, the Leper Institution being under your sole control, and in confirmation of this he stated that when he has found fault with the lepers he has been informed by you that he was exceeding his powers in so doing. From other statements made before the Committee affecting the general management of the asylum and not confined to your duties in particular, it appears that there has been great difficulty in enforcing discipline among the lepers, who appear to be allowed to mix freely with others, including visitors from the mainland, and that cases of cohabitation between visitors and the lepers are known to take place. The Committee will feel obliged if you will favour them with any remarks on the above statements, and will at the same time also inform them:—

What are the rules for the admission and discharge of lepers?

Whether any history as regards the origin and course of the disease is forwarded with the leper on his admission?

What books are kept at the Institution, showing the treatment and its results in each case?

What rules for discipline are in existence?

What paid attendants there are in the male and female wards respectively, and their duties?

The quantity and nature of the rations?

The allowance of clothing?

What remedies for the amelioration or cure of the disease are used?

What disinfectants are used for the wards?

What appliances for baths and other sanitary arrangements?

Be good enough to reply by the return boat the day you receive this, and furnish the Committee with your case book and record of treatment for the last five years, and any other information you may wish to give.

I have, &c.,

J. A. FAIRBAIRN,

Clerk of the Council.

Dr. WYNNE,
Robben Island.

[D]

Dr. Wynne's letter on Leper Institution at Robben Island in reply to above.

No. 10/251.

Robben Island,
15th July, 1889.

SIR,—In acknowledging your letter of 11th inst., No. 191/273, I have the honour to state that, by permission of the Acting Surgeon Superintendent, Dr. Fisk, I am at liberty to reply to it.

The male lepers are for the most part cripples, and unable to perform much physical work, yet I do not share the opinion of your Committee that there existed a want of cleanliness in the male leper wards.

The Surgeon Superintendent is responsible for the structure, the defective structure of the leper wards, the defective ventilation, atrocious condition of the floors of No. 1 and No. 2, male leper wards; deficient water supply, and deficiencies in the matter of rations and clothing; the cooking is also under his control.

The leper wardsmen complained before the Conjoint Board of their want of shirts, there being about one amongst three of them, their patients being in great need: the complaint was just, but I did not blame Dr. Ross for this deficiency, I merely desired him not to abuse these wardsmen, over whom I had little control: it is true that they

are lepers, but, at the same time, they are *wardsmen*. I thought it would have been more just to speak to them quietly in my presence, and endeavour to support my authority, for, having threatened to give up their posts, I was at the time embarrassed.

I have found some difficulty in enforcing order and discipline in the male leper wards, but on the whole, they are not so difficult to manage as they were formerly; a little humouring and they are easily persuaded into behaving themselves, and complying with the usual rules of the Institution, for no other course can be pursued: it is difficult to punish a leper.

I cannot say that I am aware of any single case of male lepers cohabiting with their visitors; this may be true, but I question it. With reference to this particular question, I can only remark that although it is of course perfectly possible, the male lepers being quite free to roam about with their friends on "boat days," their wards being "open" wards, there is something to be said on the other side; a wife, for example, visits her husband out of kind feeling, bringing him some few luxuries, perhaps money also, they do not like to speak before others, and walk outside the precincts of the Institution for the purpose of privately and quietly conversing with each other; this is a fact, but I have good grounds for stating that the case I allude to was not one of cohabitation. It is to be regretted in my opinion that this particular subject has been so much exaggerated, and I trust your Honourable Committee will take a careful note of it.

The lepers are admitted by the Surgeon Superintendent from the Old Somerset Hospital, but he does not find himself at liberty to discharge one without official authority from the Colonial Secretary.

No history as to origin or course of the disease is furnished with any case of leprosy.

I very rarely visit the mainland, and am unable to express any opinion as to whether the disease is spreading or not.

There are five wardsmen who are lepers, and receive £1 per mensem each; the leper wards, with *such* attendance, cannot be described as a "hospital," but as a "Lazar-house";

the disease being quite incurable, runs the same course, and is identical with the same disease in other countries: clinical case books would be fanciful absurdities: however, I am not expected, with so many other duties to perform, to keep such books. The only treatment which can be of benefit is that of palliation, and to relieve such patients from pain and suffering, so far as it is possible; the prescriptions are entered in the Dispensary Prescription Book.

The lepers are amenable to the ordinary rules of the Institution, like the chronic sick pauper patients, there being no special printed rules applying to the lepers, or the lazar-houses they occupy. Order and discipline is maintained by moral influence only. The ration scale is formulated by the Surgeon Superintendent, and approved of by the Medical Board: the Junior Surgeon is not consulted in this matter, or in the supply of clothing, which is the "cast off," or "second-hand" clothing, condemned as unfit for male lunatics.

The female leper asylum is a walled enclosure: there are two nurses, both paid, not lepers: one attends to the cooking, the other to the wards: it is distant from the Institution, but medicines are kept there, and if any sudden illness occurs, it is at once signalled, a flag-staff being conveniently placed for the purpose.

The male lepers are only supplied with small wooden foot-baths, the female lepers are supplied with some small galvanized iron baths, as well as large baths, of the same material: a bath-room is provided for males and females.

Carbolic acid is used as a disinfectant for the wards, in the shape of powder: For sores it is used with oil, or dissolved in water: "naphthaline" has been used, but was found to be unsatisfactory.

I have, &c., &c.,

W. WYNNE,

Junior Surgeon Superintendent.

[E]

Letter to Colonial Secretary for information from neighbouring States.

Legislative Council, Cape of
Good Hope, 25th June, 1889.

186/248.

SIR,—I am directed by the President to enquire whether information can be obtained through you by telegram as to the spread of leprosy in South Africa from the following States and Colonies, viz. :—

The Transvaal Republic,
The Orange Free State,
Natal,
Bechuanaland,
Basutoland.

The chief points on which information is required would be :—

- (1) Whether any cases of leprosy are known in each state respectively ?
- (2) If so, whether among persons of European descent or natives ?
- (3) Whether there is any reason to believe that the number of cases is on the increase ?
- (4) Whether there is any special legislation on the subject ?

I have, &c.,

J. A. FAIRBAIRN,

Clerk of the Council.

The Hon. the
Colonial Secretary.

[F]

Spread of Leprosy in neighbouring States.

Cape Town, 3rd July, 1889.

No. 4/1291/583.

SIR,—I am directed to inform you that in compliance with the request contained in your letter of the 28th

ultimo, telegrams were addressed to the States and Colonies therein mentioned, asking for the information regarding leprosy required by His Honour the President, and to forward to you copies of the replies received from Natal, British Bechuanaland, the Orange Free State and the South African Republic.

No reply has yet been received from Basutoland, but it will be forwarded to you immediately upon arrival.

I have, &c., &c.

HAMPDEN WILLIS,

Under Colonial Secretary.

The Clerk of

The Legislative Council.

[F]

Colonial Secretary, Natal, to Colonial Secretary, Cape Town.

1st July, 1889.

Your telegram of Saturday.—Leprosy does exist in Natal though not to a great extent. Cases exist among the Indians and Natives, the former chiefly in the coast districts. No case of leprosy among Europeans has been reported; the number of cases is somewhat on the increase. A Bill was introduced during the present session of the Legislative Council to enable the Government to deal with leprosy, but it has been found impossible to proceed with the Bill this Session; and it has therefore been withdrawn, but will be again introduced next session, when it is hoped that the Government will be in possession of the results of the enquiry which is about to be instituted in England into this disease.

Clerk to the Administrator of British Bechuanaland to Colonial Secretary, Cape Town.

1st July, 1889.—Yours of the 29th June. In the absence of His Honour and the Secretary, I have obtained the following information. Three cases of leprosy have been known in this country, the first a Koranna, in

October 1887, the second in October last, the third last month. The first two cases came from the Transvaal, and the two latter are brothers. The Cape Act No. 8 of 1884 is in force in this territory.

*Government Secretary, Bloemfontein, to Colonial Secretary,
Cape Town, 1st July, 1889.*

1. Leprosy in a mild form, and not contagious exists among the natives ; we know of no cases amongst people of European descent.

2. Some decrease since the Griquas emigrated to Nomansland.

3. The lepers of each district are isolated on the town commonage in huts specially erected for them, where they receive hospital rations, and are attended to by the District Surgeons.

TRANSLATION.]

State Secretary, Pretoria, to Colonial Secretary, Cape Town.

2nd July, 1889.

In reply to your telegram *re* leprosy, I have the honour to state—

1. That cases have been reported among Europeans as well as Natives.

2. More cases have been reported lately than formerly.

3. The following article 39 of Act No. 4 of 1887 bears on the subject :

“Every medical practitioner licensed to practise in this State shall report to the nearest official whenever any patient suffers in any way from this contagious disease. The Government will take steps to keep such person in seclusion at such a place as shall be determined by them. All costs will be paid by the Government, excepting when someone contracts the disease, who is in a position to defray the cost of his treatment.”

[G]

No. 4/1314/613.

Colonial Secretary's Office,
Cape of Good Hope, 6th July, 1889.

SIR,—With reference to your letter of the 28th ultimo, and in continuation of my reply of the 3rd instant, I am directed to forward a copy of a telegram received this day from the Secretary to the Resident Commissioner of Basutoland, giving the information required by the Council on the subject of leprosy.

I have, &c., &c.,

HAMPDEN WILLIS,
Under Colonial Secretary.

The Clerk of
The Legislative Council.

[Enclosure to G.]

Secretary, Basutoland, to Under Colonial Secretary, Cape Town.

6th July, 1889.

Your telegram of first. Answers as follows:—

(One) Yes; natives only.

(Two) No reason to believe cases are on the increase.

(Three) No.

[H]

RETURN OF LEPERS ADMITTED INTO ROBBEN ISLAND INSTITUTION DURING LAST TEN YEARS.

Robben Island,
2nd July, 1889.

No. 10/237.

SIR,—I have the honour to acknowledge receipt of your letter No. 187/257 of 1st instant, and now forward statement showing the number of lepers admitted in this institution for the past ten years, classified as requested.

I have, &c.,

G. H. B. FISK,
Acting Surgeon Supt.

The Clerk of the Legislative Council,
Cape Town.

ENCLOSURE TO H.

STATEMENT for Legislative Council, showing the number of Lepers (Male and Female), admitted in General Infirmary, Robben Island, for the 10 years from 30th June, 1879, to 30th June, 1889 :—

	European.		Coloured.		Total.
	Male.	Female.	Male.	Female.	
1879 ...	3	0	3	0	6
1880 ...	4	0	11	0	15
1881 ...	6	0	18	0	24
1882 ...	3	0	19	0	22
1883 ...	2	0	21	0	23
1884 ...	3	0	22	0	25
1885 ...	2	0	12	0	14
1886 ...	3	0	18	0	21
1887 ...	2	6	22	21	51
1888 ...	5	2	23	11	41
1889 ...	0	0	12	5	17 for half year.
	—	—	—	—	
	33	8	181	37	
	—	—	—	—	

G. H. B. FISK,

Acting Surgeon Superintendent.

Robben Island,
2nd July, 1889.

[I]

OLD SOMERSET HOSPITAL.

RETURN OF LEPERS ADMITTED DURING HALF-YEAR ENDING
30TH JUNE, 1889, FORWARDING.

Cape Town, 15th July, 1889.

No. 6/54.

SIR,—I have the honour to forward, enclosed, a Return giving the information requested in your letter No. 191/274, dated 13th instant.

I have, &c.,

PHILIP LANDSBERG, M.D.,

Surgeon-in-Charge.

The Clerk to the
Legislative Council, Cape Town.

ENCLOSURE TO I.

RETURN showing the number of Lepers admitted into the Old Somerset Hospital, and the places from which received, during the Half-year ending 30th June, 1889, also the number forwarded to Robben Island during the same period, and the number remaining in Old Somerset Hospital on 30th June, 1889:—

Place from which received.	Number.		
	M.	F.	Total.
Caledon	5	1	6
Cape Town	0	1	1
Graham's Town	2	0	2
Kimberley	4	0	4
Piquetberg	2	0	2
Tulbagh	0	1	1
Victoria West	0	1	1
Wynberg	0	1	1
	—	—	—
	13	5	18
Forwarded to Robben Island	13	5	18
	—	—	—
Remaining O. Som. Hospital	0	0	0

PHILIP LANDSBERG, M.D.,
Surgeon-in-Charge.

Old Somerset Hospital,
Cape Town, 15th July, 1889.

[J]

LETTER FROM REV. CANON BAKER.

Kalk Bay, 6th June, 1889.

SIR,—It gives me great pleasure to be able to offer any assistance to the Select Committee of the Legislative Council in coming to a decision on the question of the spreading of Leprosy, concerning which I have, since my evidence before the Select Committee of the House of Assembly in 1883, made constant enquiries and observations, the results of which are given below.

Additional Remarks on Leprosy at the Cape, by Rev. Canon Baker, F.L.S., F.S.Sc.

1. The hereditary transmission of leprosy is established beyond question. Consequently, unless those affected with the disease are segregated, and the sexes separated from each other, the extensive spreading of the disease is simply a matter of time.

2. Recent inquiries have corroborated the opinions expressed by the witnesses before the Committee of the House of Assembly, especially the Hon. Dr. Atherstone and myself, that leprosy is communicated by a specific bacillus, through direct contact with suppurating sores; also that it is communicated by the "clothes, utensils, pipes, &c., containing these parasitical germs of the disease." The extent to which this source of contagion operates depends on the habits and constitutions of the inhabitants of various localities, some being careful to avoid contact, and others being ignorant or reckless of consequences.

3. Some articles of food have been supposed to produce the disease, such as the arum lily. As leprosy is propagated by a specific germ, it is unreasonable to think that different articles of diet can do anything more than predispose to the disease, by lowering the vitality of persons who live where leprosy is endemic. Fish, as almost the sole food of some classes, where the disease prevails, must render them more liable than those who are more generously fed. But when fish is cured, with the assistance of leper patients, as is known to be the case in some localities, the germs of the disease may be taken in such food, and thus introduced to the tissues, glands, and nerves of the human body. I have known the symptoms very much improved by a change from fish diet to that of fresh meat and good bread.

4. The especial point of the inquiry being now made by the Committee is, whether or not personal observation leads to the belief that leprosy is on the increase in this colony.

There are many and great difficulties in getting correct information on the subject. I have known patients to be carefully concealed, and the relations of the affected do not

like to be spoken to as to the mode of the contraction of the disease. I have given great offence by calling attention to particular cases. I believe the number to be much greater than is known by medical practitioners, or by the Government authorities.

Another source of error is that, as the disease is principally propagated by hereditary taint, and as the period of incubation under any circumstances is generally long, an interval of three or four years may furnish very few or very many cases, according to the number of marriages and the ages of those affected at the last enquiry. Besides which, such hereditary diseases often leave one generation unaffected, only to appear more extensively and virulently in the 3rd or 4th. Moreover, in the early stages, the disease is not readily diagnosed, as in the case of the lamented father Damien of Molokai, who suspected himself to be affected from some degree of anæsthesia in one foot only. It should be remarked that the people of Molokai believe the disease to be contagious.

I entertain no doubt that leprosy is spreading in this colony at the present time. Observant and intelligent persons have assured me that they have recently met, in various parts of the colony, more than in previous years.

The cases under my personal observation afford very striking evidence:—

A. B.—Tubercular Leprosy; his youngest child died of it, and then his widow after him, and now a grand-child is suffering in like manner. A married sister of A. B., in advanced life, first manifested symptoms, and then soon died of the disease.

B. C.—Tubercular Leprosy, attacked by the disease at the age of about 25 years; two of her brothers also affected. In the *same house*, previously resided C. D. Both he and his wife died of the disease after leaving the neighbourhood, and during his residence, D. E., a young girl of a leper family, often visited the house before C. D. was affected. The latter is thought to have inherited the disease, but there is no evidence of the kind in the case of the two brothers and the sister above-mentioned.

F. G.—Anæsthetic and Tubercular combined, suffering for many years. In the same house a niece of about 8

years affected. I understand that one or two other members of the same family have succumbed to the disease. Other members of the family are married, but their offspring are yet too young to show decided symptoms.

That the disease is certainly hereditary, and spreading in various ways, are conclusions to be drawn from the above cases. These are not taken from among the poor. The last only belongs to a mixed race; the others are of European extraction, and of highly respectable families.

I could give other evidence that the disease is not confined to the poor or degraded, as some have erroneously asserted. The respectable classes are most likely to conceal cases occurring in their families.

My own observation furnishes parallel cases to those given in the English medical journals:—

1. I was informed that a woman died a few years ago, in this neighbourhood, and that one at least of those who wore articles of her clothing contracted the disease thereby. The probability of this is confirmed by a recent article in the *British Medical Journal*, which gives an account of a man who resided in India, and then returned to Ireland, where he showed symptoms of leprosy, and died; and that his brother, who had never been abroad, caught the disease, either by sleeping in the same bed or wearing the clothing of the deceased.

2. A patient on Robben Island told me that none of his family had been affected until he married into a leper family and took the disease. The remarkable point in this case is that several members of his father's family, associated with that of his wife, became leprous.

Parallel to this is a case given in a recent article of the *Lancet*:—"A man resident in India took the disease, in consequence of which some members of his family left the neighbourhood and escaped contagion, whereas others remained with him, and some of these became affected, and were soon the centre of a village of lepers who contracted the disease either through marriage or other personal contact."

In conclusion, I would say that, though the cases of contagion may be few compared with those of heredity, it is a terrible thing that any person may, in various ways,

become inoculated, and therefore it should be considered whether children from houses in which lepers reside should be allowed to attend the schools of the public, and what restrictions should otherwise be imposed in order to prevent the spread of this disease.

A philanthropic public would most earnestly desire that, should the law be promulgated, suitable provision be made for various classes. Such patients call for the greatest sympathy, and every possible alleviation of their sufferings should be provided. The wealthier classes would be willing to defray the extra cost of superior accommodation.

I have, &c.,

JAS. BAKER, J.P.

J. A. Fairbairn, Esq.,
Clerk of the Council.

[K]

LETTER FROM REV. A. R. M. WILSHERE.

Robben Island,

July 4, 1884.

SIR,—Being requested by the Secretary to the Committee of the Honourable the Legislative Council to place upon paper any suggestions I might wish to offer with respect to the lepers, I venture to suggest, first :—

1. That to meet the objection some of the Committee expressed to the leper patients using the same seats as those used by the patients from the Asylum in the Church, I think that the ward now temporarily occupied by workmen and labourers, and before occupied by lepers, might be cleaned out, and forms or benches for divine service placed there, and service held there by myself and my assistant on the Sunday afternoon at the same time as now in the church, and the convicts could come to the church at the morning service instead of the afternoon.

2. That as some of the Committee observed on the leper patients having no sheltered spot to sit in or amuse themselves in hot or rainy weather, except the sleeping wards, that an octagon space with rough boarding round it be covered with any rough roofing for them. There is such a space between the leper kitchen and the entrance.

3. That I have also recommended to the Board that the urinals and latrines which are now placed against that portion of the building which is used for the Roman Catholic service--the other portion being used for the Government boys and girls school--being transferred to the other end of the wooden ward, where it would be quite as accessible to the patients.

A. R. M. WILSHERE,

Chaplain.

[L]

CIRCULAR FORWARDED TO DISTRICT SURGEONS.

Legislative Council,

Cape Town, Cape of Good Hope,

28th June, 1889.

SIR,—I have been directed by the Select Committee of the Legislative Council on the spread of Leprosy to ask you to be good enough to send me short and explicit answers to the following questions:—

(a) As far as your information goes, what is the total number of persons in your district suffering from leprosy, distinguishing, if possible, males from females, and Europeans from Natives?

(b) Is the disease, as far as you can judge, increasing or not within your district?

(c) Are there any cases within your experience, in which the disease has been communication by contagion?

The Committee would be glad to receive your answers within fourteen days from this date, and if you find it impossible to write within that time you will be good enough to telegraph to that effect.

I have, &c.,

J. A. FAIRBAIRN,

Clerk of the Council.

To the District Surgeon of.....

[M 1]

Summary of Replies from District Surgeons.

(a) As far as your information goes, what is the total number of persons in your district suffering from Leprosy, distinguishing, if possible, males from females, and Europeans from Natives ?

	District.	Number.	Remarks.
1	Aberdeen	None	
2	Albany	A few	Two under treatment, one European, one Native, and two others known.
3	Albert	4	Two men and two women, all Natives.
4	Alexandria	40 or 50	
5	Aliwal North		
6	Barkly		
7	Barkly West	2	Two others lepers have recently died.
8	Bathurst	4	All males.
9	Beaufort West	None	One case reported.
10	Bedford	21	Twenty Natives, one European; have heard of many who have trekked.
11	Bredasdorp	None	
12	Caledon	A few	Six sent to Cape Town last year. The other cases hearsay.
13	Calvinia	None	
14	Cape (Durbanville)	11	Five Europeans, six Natives; there may be more.
15	Cape (Wynberg)	20	As far as known.
16	Carnarvon	None	
17	Cathcart	None	
18	Clanwilliam	2	Both Natives.
19	Colesberg		
20	Cradoek	None	There were ten cases, some have died and the others have left.
21	East London	None	
22	Fort Beaufort	None	
23	Frazerburg	1	
24	George	3	Two Europeans, one Native.
25	Glen Grey	20	Perhaps more. All Natives.
26	Graaff-Reinet	12	Rough estimate.
27	Hanover	None	
28	Hay	2 or 3	
29	Herschel	Leprosy prevails to a large extent.	No proper inquiries have been instituted in this district; cannot give exact number.
30	Herbert	None	
31	Hope Town	6	All Natives.

	District.	Number.	Remarks.
32	Humansdorp ..	..	Absent.
33	Jansenville ..	None	
34	King William's Town ..	..	Unable to give information.
35	King William's Town (Keiskama Hoek)	Numerous	Impossible to give approximate estimate.
36	Kimberley ..	} 4 {	No means of ascertaining the number in outlying District. Three Natives, one European in Kimberley.
37	Kimberley (Beaconsfield)		
38	Knysna ..	1	Native.
39	Komgha ..	1	Native.
40	Ladismith ..	None	
41	Malmesbury ..	15 to 18	In the whole district.
42	Middelburg ..	2	Natives.
43	Mossel Bay ..	2	One Native, one European.
44	Murraysburg ..	1	Native.
45	Namaqualand ..	None	
46	Oudtshoorn ..	1	Native. Two with suspicious symptoms; 350 cases of secondary and tertiary syphilis, some of the latter much like leprosy.
47	Paarl ..	22	Eight Europeans, fourteen Natives.
48	Peddie ..	..
49	Piquetberg ..	1	Native.
50	Philipstown ..	None	
51	Port Elizabeth ..	2	One Native, one European.
52	Port Nolloth ..	None	
53	Prieska ..	None	
54	Prince Albert ..	None	
55	Queen's Town ..	None	
56	Richmond ..	None	
57	Richmond (Britstown) ..	None	
58	Riversdale ..	3	
59	Robertson ..	2	Europeans, members of the same family.
60	Simon's Town ..	8	Six coloured, two white.
61	Somerset East ..	12	Natives.
62	Stellenbosch ..	6	Two Europeans and four Natives.
63	Steynberg ..	None	
64	Stockenstrom ..	40	Natives: There are not less than 40.
65	Stutterheim ..	..	Only one month's residence.
66	Sutherland ..	None	
67	Swellendam ..	None	
68	Tarkastad ..	1	Native.
69	Tulbagh (Ceres) ..	6	Coloured.
70	Tulbagh ..	1	Native.
71	Uitenhage ..	6	Natives: There are probably more cases in the division.

	District.	Number.	Remarks.
72	Uniondale ..	1	Coloured.
73	Victoria East ..	3	Natives.
74	Victoria West ..	None	There formerly were two, one European and one Native. The former now dead, the latter sent to Cape Town.
75	Willowmore ..		
76	Wodehouse ..		
77	Worcester ..	None	Several died last year. One removed to Robben Island.
78	Transkei (Butterworth) ..	..	25 cases treated since 1880. On account of the size of district unable to give further information except from hearsay.
79	Umtata (Qumbu) ..	1	Native.
80	Engcobo ..	16	Ten males, six females; all natives.
81	Xalanga ..	1	Native.
82	Kokstad ..	10	Natives.
83	Umzimkulu ..		
84	Maclear ..		

[M 2]

(b) Is the disease, as far as you can judge, increasing or not within your District ?

	District.	Reply.	Remarks.
1	Aberdeen	No	
2	Albany .. ..	..	No data.
3	Albert .. ..	..	No fresh cases for two years.
4	Alexandria	Yes	Certainly increasing.
5	Aliwal North .. ..	..
6	Barkly .. ..	..
7	Barkly West .. ..	..	One is a fresh case.
8	Bathurst .. ..	..	Difficult to say, cases being concealed as much as possible.
9	Beaufort West .. ..	..
10	Bedford	Yes	Certainly increasing.
11	Bredasdorp .. ..	..
12	Caledon	No	
13	Calvinia .. ..	..
14	Cape (Durbanville) .. ..	..	No sufficient data.
15	Cape (Wynberg)	Yes	Decidedly.
16	Carnarvon	No	
17	Cathcart .. ..	..
18	Clanwilliam	No	
19	Colesberg .. ..	..
20	Cradock .. ..	..
21	East London	No	
22	Fort Beaufort	No	
23	Frazerburg	No	Appointed District Surgeon only in November last.
24	George	No	
25	Glen Grey	Yes	The disease is increasing.
26	Graaff-Reinet	No	
27	Hanover .. ..	..	Cannot say.
28	Hay	No	
29	Herschel	Yes	In some of its worst forms.
30	Herbert	No	
31	Hope Town	No	
32	Humansdorp .. ..	..
33	Jansenville .. ..	..
34	King William's Town .. ..	..	Reported to be increasing, exists in Kafir kraals; headmen may give information.
35	King William's Town (Keiskama Hoek)	Yes	Certainly increasing.
36	Kimberley .. ..	..
37	Kimberley (Beaconsfield) .. ..	..
38	Knysna	No	

	District.	Reply.	Remarks.
39	Komgha ..	No	
40	Ladismith ..		
41	Malmesbury ..	Yes	
42	Middelburg ..	No	
43	Mossel Bay ..	No	
44	Murraysburg ..	No	
45	Namaqualand ..		
46	Oudtshoorn ..	No	Much decreased of late years.
47	Paarl ..	Yes	
48	Peddie ..		
49	Piquetberg ..	No	Decreasing.
50	Philipstown ..		
51	Port Elizabeth ..	No	
52	Port Nolloth ..		Little if any leprosy in this district.
53	Prieska ..	No	
54	Prince Albert ..		
55	Queen's Town ..	No	
56	Richmond ..		
57	Richmond (Britstown) ..		
58	Riversdale ..	No	The disease is dying out in this district.
59	Robertson ..	Yes	
60	Simon's Town ..	Yes	A slight increase.
61	Somerset East ..	Yes	
62	Stellenbosch ..	No	
63	Steynberg ..	No	
64	Stockenstrom ..	Yes	Thirteen years ago there were only 10 cases.
65	Stutterheim ..		
66	Sutherland ..		
67	Swellendam ..	No	
68	Tarkastad ..	No	
69	Tulbagh (Ceres) ..	No	
70	Tulbagh ..	No	
71	Uitenhage ..	No	
72	Uniondale ..	No	
73	Victoria East ..		Unable to say. Not sufficient data.
74	Victoria West ..		
75	Willowmore ..		
76	Wodehouse ..		
77	Worcester ..		
78	Transkei (Butterworth) ..		
79	Umtata (Qumbu) ..	No	
80	Engcobo ..	Yes.	
81	Xalanga ..	No	
82	Kokstad ..		Appointed lately, therefore cannot answer.
83	Umzimkulu ..		
84	Maclear ..		
85	Cape Town :		
	Dr. Abercromby ..	Yes	The disease is undoubtedly spreading. The disease is making steady progress.
	Dr. Landsberg ..	Yes	

[M 3]

(c) Are there any cases within your experience, in which the disease has been communicated by contagion?

	District.	Reply.	Remarks.
1	Aberdeen	No	
2	Albany .. ..	..	Know of no cases.
3	Albert .. ..	..	Not aware of any cases.
4	Alexandria	Yes	One case cannot otherwise be accounted for.
5	Aliwal North		
6	Barkly		
7	Barkly West	Yes	One case appears to have been so communicated.
8	Bathurst .. ..	..	One case almost appears as if contracted by contagion.
9	Beaufort West		
10	Bedford	Yes	In five cases. Leprosy appears to be a bad form of tertiary syphilis.
11	Bredasdorp		
12	Caledon	Yes	Some cases under my observation undoubtedly point to the contagiousness of the disease.
13	Calvinia		
14	Cape (Durbanville)	Yes	Three cases.
15	Cape (Wynberg)	Yes	Three cases.
16	Carnarvon	No	
17	Cathcart		
18	Clanwilliam	No	
19	Colesberg		
20	Cradock	Yes	Three cases undoubtedly.
21	East London	No	
22	Fort Beaufort	No	
23	Frazerburg	No	
24	George	Yes	In one instance probably.
25	Glen Grey .. ..	..	Cannot say.
26	Graaff-Reinet	No	
27	Hanover .. ..	..	Cannot say.
28	Hay .. ..	..	Believe it to be communicated by contagion.
29	Herschel .. ..	..	No reliable evidence.
30	Herbert .. ..	..	No personal experience.
31	Hope Town	Yes	One case apparently from direct contagion
32	Humansdorp		
33	Jansenville		
34	King William's Town .. ..	..	Not within my experience.
35	Do. (Keiskama Hoek)	No	Unless (which is, however, a moot point), the disease is pathologically related to tertiary syphilis.

	District.	Reply.	Remarks.
36	Kimberley		
37	Do. (Beaconsfield)		
38	Knysna	No	
39	Komgha	No	
40	Ladismith		
41	Malmesbury	Yes	
42	Middelburg	No	Experience limited in cases of leprosy.
43	Mossel Bay	No	Not large experience in such cases.
44	Murraysburg	No	Have had little opportunity for observing.
45	Namaqualand		
46	Oudtshoorn .. ..	..	Not known
47	Paarl .. ..	..	Convinced that it is so communicated, but cannot positively point to such cases.
48	Peddie		
49	Piquetberg	Yes	Two or three cases.
50	Philipstown		
51	Port Elizabeth	No	Not aware of any case.
52	Port Nolloth	No	
53	Prieska	No	
54	Prince Albert		
55	Queen's Town	No	No proof in cases under my observation.
56	Richmond		
57	Richmond (Britstown)		
58	Riversdale	No	
59	Robertson	Yes	One case decidedly.
60	Simon's Town	No	Not aware of any case.
61	Somerset East	Yes	In one family certainly.
62	Stellenbosch	No	In no case in my experience has this been satisfactorily proved.
63	Steynberg .. ..	..	Have not had much experience in leprosy.
64	Stockenstrom	Yes	Know of one case, but believe there are more.
65	Stutterheim		
66	Sutherland		
67	Swellendam .. ..	..	Cannot state positively.
68	Tarkastad	No	Have met with no cases communicated by contagion.
69	Tulbagh (Ceres)	No	
70	Tulbagh	No	In one case the woman reported she had lived in a house with a leper woman six years before.
71	Uitenhage	No	Not in my experience.
72	Uniondale	Yes	Have met with such cases, but not in this district.

	District.	Reply.	Remarks.
73	Victoria East ..	Yes	One case clearly due to contagion.
74	Victoria West ..	No.	
75	Willowmore ..		
76	Wodehouse.. ..		
77	Worcester		
78	Transkei (Butterworth)		Carefully inquired into three cases, one clearly from contagion.
79	Umtata (Qumbu) ..	No	
80	Engcobo	Yes.	
81	Xalanga	No	
82	Kokstad	No	
83	Umzimkulu		Neither in Colony nor in India. Apparently not.
84	Maclear		
85	Claremont:		
	Dr. Murray .	Yes	
			The evidence as to the spread of leprosy through direct contagion is increasing.

[N]

Return showing number and nationality of the Leper Patients, Male and Female, in the General Infirmary, Robben Island, on 9th July, 1889.

FEMALES.

EUROPEANS.	COLOURED.
1 Germany.	23 Cape Colony.
3 Cape Colony.	—
—	—
4	23
—	—
Total ...	27 Females.

MALES.

EUROPEANS.	COLOURED.
1 England.	76 Cape Colony.
7 Cape Colony.	—
—	—
8	76
—	—
Total ...	84 Males.

Grand Total ... 111 Lepers.

[O]

Districts in which cases of Leprosy are known to exist, distinguishing those in which the disease is reported spreading, and giving the return of cases known :—

	District.	Reply.	Remarks.
1	Alexandria ..	Increasing	Present number between 40 and 50.
2	Stockenstrom ..	Increasing	Present number not less than 40.
3	Herschel ..	Increasing	The disease exists to a large extent.
4	Keiskamma Koek ..	Increasing	The cases are numerous. Impossible to give an approximate estimate.
5	Paarl	Increasing	Number 22, of whom 8 are Europeans.
6	Bedford	Increasing	21. Many others have trekked.
7	Cape (Wynberg) ..	Increasing	20 as far as known, more suspected to exist.
	„ Durbanville ..	No sufficient data	11. There may be more.
8	Glen Grey ..	Increasing	20. Possibly more.
9	Graaff-Reinet ..	Not increasing	12. Rough estimate.
10	Malmesbury ..	Increasing	15 to 18 in whole division. May be more.
11	Somerset East ..	Increasing	12 cases.
12	Kokstad	Cannot say	10 cases.
13	Simon's Town ..	Increasing	8 as far as known.
14	Hope Town ..	No	6.
15	Stellenbosch ..	No	6, of whom 2 are Europeans.
16	Tulbagh (Ceres) ..	{ No	6.
	Tulbagh		1.
17	Uitenhage ..	No	6. If time were given could very likely find from 12 to 18.
18	Albert	No	4.
19	Bathurst	Cannot say	4.
20	Kimberley ..	Cannot say	4. Of these 3 Europeans. Cannot say number in outlying districts.
21	George	No	3. Of these 2 Europeans.
22	Riversdale ..	No	3.
23	Victoria East ..	Cannot say	3.
24	Barkly West ..	One fresh case	2. And 2 died recently.
25	Clanwilliam ..	No	2.
26	Hay	No	2 or 3.
27	Middelburg ..	No	2.
28	Mossel Bay ..	No	2. Of these 1 European.
29	Port Elizabeth ..	No	2. One European.
30	Albany	Cannot say	A few. 2 under treatment. 1 European.

	District.	Reply.	Remarks.
31	Frazerburg ..	Cannot say	1.
32	Knysna ..	No	1.
33	Murraysburg ..	No	1.
34	Oudtshoorn ..	No	1. Two with suspicious symptoms.
35	Piquetberg ..	No	1.
36	Tarkastad ..	No	1.
37	Uniondale ..	No	1.
38	Qubu ..	No	1.
39	Xalanga ..	No	1.
40	Cape Town ..	Increasing	Cases numerous but number not known.
41	Robben Island ..	..	111. No opportunities of judging.
42	Engcobo ..	Increasing	16 cases at present.

No answers have been received at the time of reporting from

1	Aliwal North ..	..
2	Barkly ..	..
3	Butterworth ..	..	Has known personally of 25 cases, but district so large, cannot answer questions except from hearsay.
4	Colesberg ..	..
5	Humansdorp ..	..	The District Surgeon having been absent.
6	Peddie ..	..
7	Stutterheim ..	..	The District Surgeon having only one month's residence.
8	Willowmore ..	..
9	Wodehouse ..	..
10	Umzimkulu ..	..
11	Maclear ..	..

[P]

LETTER FROM DR. ABERCROMBY.

Cape Town,
July 5th, 1889.

SIR,—With reference to my evidence before the Select Committee of the House of Assembly in 1883, regarding leprosy in this colony, I desire to say that I have nothing further to add to the same, excepting that the disease is undoubtedly spreading.

I have, &c.,

A. ABERCROMBY, M.D.

J. A. Fairbairn, Esq.,
Clerk of the Legislative Council.

[Q]

LETTER FROM DR. LANDSBERG.

Cape Town,
5th July, 1889.

SIR,—In reply to your letter of 29th June, 1889, I have to inform you that I have nothing to add to the evidence given by me on the subject of Leprosy before the Select Committee of the House of Assembly in 1883. I am, however, of opinion that the disease is making steady progress.

I have, &c.,

PHILIP LANDSBERG, M.D.

J. A. Fairbairn, Esq.,
Clerk of the Legislative Council,
Cape Town.

[R]

LETTER FROM DR. MURRAY.

Claremont,
29th June, 1889.

SIR,—I have the honour to acknowledge the receipt of your letter of to-day, asking me whether I desire to add anything to my evidence on the spread of leprosy given

before the Select Committee of the House of Assembly in 1883.

I am of opinion that the evidence as to the spread of leprosy through direct contagion is increasing.

I am not able to assert from my own observation that the disease is increasing in this neighbourhood, but I have a strong impression that I meet more lepers than formerly on the public roads.

I have, &c.,

CHARLES F. K. MURRAY, M.D.

To J. A. Fairbairn, Esq.,
Clerk of the Legislative Council,
Cape Town.

[S]

THE SPREAD OF LEPROSY.

REPORT of the EPIDEMIOLOGICAL SOCIETY of London from
the *Times*, 13th June, 1889.

At the annual meeting of the Epidemiological Society of London, which was held at 11, Chandos street, Cavendish-square, last night, the discussion on a paper on "Leprosy ; a review of some facts and figures," by Dr. P. S. Abraham, was continued. The president of the society, Dr. R. Thorne Thorne, occupied the chair, and there was a large attendance of visitors and members. Two specimens of lepers—one a man aged 60, and the other a boy—who had been under the care of Dr. Larder for some time past, were exhibited. The discussion was opened by the reading of a paper by Surgeon-Major Pringle, M.D., late Sanitary Department of the Bengal Army, "On the increase of Leprosy in India, its causes, probable consequences, and remedies." In the course of the paper he observed that, upon the authority of Sir H. Ramsay, there had been a marked increase in leprosy in India, and he doubted whether any officer in India had better opportunities of forming an opinion on the subject than that officer. The first and foremost cause of that increase was that lepers were not now removed in the various ways that they used to be. This preservation of leper life had been going on

more or less since the great order of "Burn not widows, kill not infant girls, bury not (alive) lepers" was promulgated in the Punjaub after its annexation, and in the utter neglect of any precautionary measures against the spread of the disease by the protection afforded to the lepers. They now saw the natural sequence of an order which, though very creditable to the philanthropy of the rulers, was very discreditable to the sanitary knowledge of the advisers. The highest caste was lost by the leper spot, and "a man's foes are they of his own household," and it was from them that he had to flee. Homeless, religionless, friendless, the poor leper, until very lately, went out into the world with the constant dread of a violent death lurking around him. They were told that there were fewer female than male lepers, which was easily accounted for by the facility that existed for removing women in India, that land of secret murder, where cholera, snake-bite, wild beast, and rapid decomposition combined to facilitate the removal and obliterate the traces of the methods adopted to accomplish the end. One of the probable consequences of this increase of the disease in India was that it would spread to Britain and all other countries which had intimate relations with India unless prompt and effective measures were taken to prevent it. The remedies that Dr. Pringle suggested for this increase of leprosy were segregation, isolation, and the separation of the sexes. As an example of the efficacy of segregation he alluded to the eminently satisfactory results of the working of the Dehra Dun Asylum for Lepers, from the last annual report of which, compiled by Surgeon-Major G. G. Maclaren, he quoted the following passage:—"Now, if there were throughout India 1,000 such institutions conducted on the lines of this one—strict segregation of the sexes and comfortable, healthy surroundings—a probable increase of lepers to the extent of 7,000 or 9,000 annually would be prevented, and with improved dwellings and modes of living, the disease might eventually become as rare as it is in European countries. As no remedy for leprosy has yet been found, segregation of the sexes is the only method which holds out any prospect of being able to cope with the disease." In conclusion, Dr. Pringle

observed that, from a telegram published in *The Times* on the 7th inst., it would be seen that the Government of India had been aroused to a sense of the critical situation, not only of the people of India, but of all nations having intimate relations with that country. All interested in the welfare of the lepers would rejoice that the Government were about to take action, but he trusted the police action would be withheld until suitable accommodation and support could be provided for poor lepers, else their lives would be made more miserable than ever, and numbers would be led to commit suicide. The natural opinion of a leper at present was that he was a person who should be removed, and to hand them over to the tender mercies of the police under those conditions would be a refinement of cruelty. In the course of the discussion which followed,

Dr. THOMPSON, who has had the medical charge of a large leper hospital in Madras, gave testimony in proof of the contagious nature of the disease. In view of the increase of the disease in India and the increased intercourse between that country and England there was no doubt in his mind that leprosy would spread before long to this country unless prompt measures were taken to prevent it. He agreed with Dr. Pringle that, as there was no curative treatment for the disease, a remedy for its spread could only be found in segregation and isolation.

MR. BRUDENELL CARTER did not think that there was so much cause for alarm as some people seemed to suppose. The large intercourse between India and England was not a new thing by any means, and looking at the fact that at the present time there did not exist more than 20 cases of leprosy in this country, he trusted they would not be alarmed with the idea that we were going to have an outbreak in this country.

Mr. M'LEAN, who stated that he had paid a visit to some of the leper settlements in Madagascar, spoke of the ravages of the disease in that country, pointing out that, although the lepers were isolated, they were in some cases allowed to keep their children, some of whom had not, as far as he could see, been touched by the disease. He thought that, as the disease was no doubt contagious, means should be taken by which such children could be removed from their parents.

The REV. MR. GILFORD thought that the rapid increase of the disease in India could be stopped only by legislation on the part of the Government. The people themselves, he knew, would be only too willing to accept any remedial measures that might be proposed. He had worked for some time in connexion with a leper asylum in the Punjab, and he found that it was very difficult to keep the leper in that asylum unless he was allowed to bring with him his poor relations, who were quite free often from the disease, and if those who were free were discharged the lepers themselves would go, and their only course was to beg. In the matter of the children of leprous parents, he proposed on his return to India to build a house in which he could put all such children whom he knew of, and so, by isolating them, give them a chance of being saved from contracting the disease.

Several others joined in the discussion, one gentleman who had recently returned from the Cape Colony stating that the disease was largely on the increase there. Another gentleman from India thought that, owing to the customs of the people in that country, segregation was impossible, and that the only means of stopping the spread of the disease was to be found in the progress of sanitation, the cheapening of salt, and the bettering of the water supply.

The CHAIRMAN, in closing the discussion, observed that as there seemed to be a preponderance of evidence that leprosy was on the increase in different parts of the world, it was necessary that measures should be promptly taken to prevent its spread. It might be that the British Government would have to adopt a compulsory system of segregation, but before any such action was taken there should be a very careful inquiry into all the facts. There was undoubtedly urgent need for more medical inquiry as to the history of leprosy.

Dr. ABRAHAM having briefly replied, a vote of thanks was passed to him for his paper.

In order to facilitate the discussion of the paper Dr. Abraham exhibited many cases and specimens illustrating the pathology of leprosy, and some of the bacilli taken from the boy patient who had been brought before the meeting were to be seen under the microscope.

[T]

Re Lepers.
No. 10/254.

Robben Island, 17th July, 1889.

SIR,—I have the honour to acknowledge receipt of your letter, No. 192/275 of the 13th inst., and now beg to forward herewith Return, which supplies the information in regard to lepers therein requested.

I have, &c.,

G. H. B. FISK,

Acting Surgeon Superintendent.

The Clerk of the Legislative Council,
Cape Town.

*Return of Lepers at Robben Island on 31st December, 1888,
since admitted, and discharged, and died, and remaining
at 30th June, 1889.*

					European.		Coloured.	
					Male.	Female.	Male.	Female.
Remaining 31st December, 1888	...				8	5	73	21
Since admitted	...	...	...	...	...	...	12	5
					8	5	85	26
Died	...	...	...	...	...	1	7	2
					8	4	78	24
Discharged at their own request, and on the special authority of the Under Colonial Secretary	...	...	...	...	...	...	3	1
Remaining at 30th June, 1889	...				8	4	75	23

G. H. B. FISK,

Acting Surgeon Superintendent.

Robben Island, 17th July, 1889.

[U]

REPLY TO CIRCULAR.—TELEGRAM RECEIVED 24TH JULY.

Peddie. District Surgeon. Sixteen Lepers (nine males and seven females) in district. Not increasing in district. Two instances where disease was communicated by contagion.











